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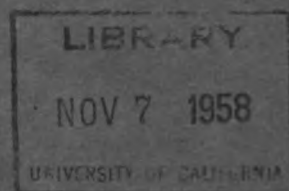
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V E R A

A STUDY IN DISSOCIATION OF PERSONALITY

By ALICE G. IKIN.

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INTRODUCTION

No serious discussion of the nature of the self can ignore the rapidly increasing mass of evidence which relates to the dissociation of personality and the birth of multiple personality.

This article is based on the analysis of a dissociation during delirium of a personality into ten pseudo-personalities. Each of them was capable of recognising itself as a self, each knew nothing of the existence of the others, each reacted in its own way towards the environment.

All of these, however, were synthesised later in the normal personality whose memory was continuous with that of the self which had preceded the delirium. This personality included the memories of all the fragmentary pseudo-personalities which had alternated in consciousness during the delirium.

Few patients who have suffered such extensive dissociations and delusions as those to be described retain the memory of their psychotic experiences; though Janet states that in such cases, in order to bring about a complete cure, the memories of the secondary personalities should be reintegrated. Since he has never found a patient who remembered, he infers that he has never cured one completely. In the present instance, however, with the recovery of the memory of

personal identity, the patient, who will be referred to as 'Vera,' spontaneously remembered the experiences of the various pseudo-personalities. She recorded the life-history of the various dissociated pseudo-personalities as soon as she could write (while still in bed) in order to have accurate accounts of her unusual experiences before they were distorted by later ones. These notes are given in Chapter II and have provided the material upon which this article is based.

After recovery she proceeded to acquire sufficient technical skill and knowledge to analyse the deliria, of whose nature and origin she was ignorant. In this way she hoped to be able to throw some light upon the nature of mental disorders and thus to alleviate the sufferings of others.

During the latter part of the analysis she attended the psychology courses at the University of Manchester and obtained an M.Sc. degree.

The notes recorded by Vera¹ immediately after her delirious dissociations of personality were analysed in a similar way to that of Freudian dream analysis. Vera supplied free associations from various points or ideas in the experience recorded. The apparent ravings of delirium, however, were not intelligible until a psycho-analytical research into the earliest stages of Vera's mental development was prosecuted. The partial analysis of the delirious pseudo-personalities is therefore only a fragment of the analysis actually conducted in order to obtain this fragment. The delirious experiences seem to have resulted from a disintegration so complete that nothing short of a radical analysis, enabling the very earliest mental tendencies to be traced out, could enable even a superficial analysis of any one episode to be made.

The only assumption made by Vera when commencing her analysis was that free associations would be relevant to the point from which they started; an assumption that was verified over and over again during the course of analysis, through the release of the concomitant emotion when the associations had led to an elucidation of the dream fragment or portion of delirium concerned. It must be borne in mind that the suggested interpretation of the recorded facts of delirium resulted from the bringing into consciousness of previously inaccessible memories, impulses and emotions, which then became facts of subjective experience, as valid as those of the delirium itself. The relations between the previously recorded facts which were the manifest content of the delirium, and the second series of subjective facts experienced later (latent content) during attempts to systematise and organise the former, are of

¹ Except in chapter II, which was written before the analysis of the deliria was attempted. Vera is referred to throughout in the third person. This distinction between Vera and the present writer is maintained in order to differentiate the views, experiences and behaviour before analysis from those which followed it. It must be borne in mind, however, that when referring to Vera the writer, through being herself patient and analyst, has a more peculiarly intimate knowledge of her thoughts and feelings than usually falls to the lot of any analyst when describing a patient.

course personal interpretations or inferences and thus liable to error. Nevertheless the two orders of subjective facts, each equally real when consciously experienced must be related in some way to each other and to the personality as a whole. In this article their relation to the personality as a whole has been investigated rather than their relation to each other.

An outline of Vera's disintegrating illness is given in Chapter I. Chapter II contains Vera's original notes including a brief life-history of her dissociated pseudo-personalities and her account of the stabilisation of the resultant personality. A brief analytical account of her experience at the approach of death is given in Chapter III. Phases A, B and C of Vera's personality are described in Chapter IV. The method of analysis adopted is outlined in Chapter V. Selections from the analysis of the various personalities in Chapter VI are followed by a review of the delirium as a whole in Chapter VII, in which the interrelations of the dissociated pseudo-personalities are described. It also includes a brief account of their constitution and of the transition between them and the normal self, together with a review of the delirium analysis.

CHAPTER I

OUTLINE OF VERA'S PREVIOUS HISTORY AND OF HER DISINTEGRATING ILLNESS

VERA was apparently very strong and healthy until she was three years old. At that age an attack of measles was followed by acute pneumonia. An operation was necessary and pus was drained from the left lung for six weeks. Ill-health dogged her footsteps during the next few years. In addition to the usual childish ailments, rheumatism made its appearance when she was seven. This, however, yielded to treatment. At the age of twelve, nervous headaches occurred, which could not be easily alleviated. Vera was away from school for a whole year as a result of this. Her school career did not include more than three years all told, with long absences throughout. She, however, always went on in the form she would have been in if she had not been away, simply missing out the work done by the others in the meantime. In spite of this she was usually at the top of her form, although the youngest in it. Her mental progress was thus very rapid.

When she was just fourteen she developed what was said to be rheumatoid arthritis in both knees. At the age of seventeen she had headaches, which were recognised to be of nervous origin. She was working hard at chemistry, physics and mathematics at this stage. The

result of overwork with sleepless nights of physical pain, brought on a 'nervous breakdown'.¹

During the greater part of the year, from seventeen and a half to eighteen and a half, she felt that she was attempting more than she could manage, but her father, not knowing her struggle against pain and insomnia, thought she was quite capable of gaining various open scholarships that year. At times her fear of failure was intense, though she was working hard. She found herself making stupid little mistakes, found that if she went to fetch one chemical from the store room, she would forget what she wanted before she got there.

Finally, during an examination, Vera entirely lost a year's memory of her work. She read through her paper (Conics and Calculus) thinking she could do well on it. Suddenly she found the symbols strange and meaningless. She had no recollection of having seen the paper before, though she remembered having read it. Amnesia for Conics and Calculus was complete. This gave her a big shock. Fortunately she had done well enough in her earlier Mathematics paper to get through without the second one which was an extra one. In spite of this she went on taking one examination after another, having to pass on the work she had done before the year for which she had lost her memory. This naturally did not help her already diminished confidence. Her doctor gave her a draught to take before each paper to clear her head. A few weeks later she gained an open University Scholarship, though taking her practical chemistry and physics examinations with hands so shaky that she could scarcely manipulate the apparatus. In spite of having lost the memory of her last year's work she seemed quite clear about all that had been learned before.

During each paper she concentrated her mind on it to the exclusion of everything else, and inevitably everything else so shut out overwhelmed her in between times. She spent most of her nights pacing her room, often afraid to get into bed at all. At times she would be suddenly overwhelmed by fear, fierce, insistent, unreasonable, overmastering fear of she knew not what, impelling her to take a flying leap on to the bed and bury herself under the bed clothes. When she did sleep, she had fearful nightmares, in all of which she was finally aroused by someone or something knocking in the back of her head. She experienced every possible kind of accident in this way, always seeing the danger coming, yet being powerless to avert it or to escape in any way.

¹ These were not the only factors. Analysis showed at a later stage that the repression of libido at that time played a very large part in producing the breakdown, the factors mentioned here being merely contributory.

In spite of this she passed all her examinations successfully and commenced her college career three months later (October 1914). One doctor warned her that if she did so in that condition she would be in an asylum before the end of the year. She thanked him for the warning and, though admitting the danger, said that now she was warned she would not break down that way. Her own doctor, knowing her character better, and thinking the disappointment of missing that for which she had worked so hard and paid such a price might produce worse effects than carrying out her plans, sanctioned the risk, so long as she did not overwork again.

Vera's doctor attributed her neurotic temperament and troubles to an over-development of intellect at the expense of sex. This he discussed with her. Her attitude towards men up to that time was apparently sexless. Her ambition was to show them she could do as well as they could on their own ground. This she achieved, but after her breakdown she decided that health was too big a price to pay for success. Hence though going to college, her old ambition seemed dead.

Vera changed her plans completely, determining to bend all her energies towards the development of the feminine side of herself until it had caught up with her intellectual development. She did so quite successfully, making many friends, going boating as much as possible, filling her time with social activities, and only doing the minimum of work necessary to enable her to get through her Natural Science Tripos. She was still, it must be remembered, suffering from acute insomnia, anxiety dreams and severe headaches. None of her casual college acquaintances, however, suspected it; only one or two girls whom she knew well were told a little. She was always ashamed of physical inefficiency and tried to conceal it as much as possible.

Under this changed regime, however, her health steadily improved and in 1917, a week after passing her Tripos examination, she was fit enough to take up a post in a district in which she experienced many air raids. Yet she enjoyed her life and work there and was apparently little affected. Further, as she was so inured to insomnia, the enforced lack of sleep had less effect on her than on other people there.

During this time Vera's attitude towards men had changed completely and early in 1918 she became engaged. Since she was better in every way than she had ever been before, it seemed as if her doctor's association of retarded sexual development with neurotic symptoms was correct. With a more normal sexual outlook, neurotic symptoms were greatly reduced.

Vera was even strong enough to stand the loss of her brother and, within three days of this, the termination of her engagement, without the development of any neurotic symptoms. Shortly after this she went home to take care of the house for her mother, who was very much upset by the death of her son.

In spite of all these trying circumstances she managed successfully. A few months later (1918) she declared that she had never been so fit in her life and that at last she was going to make up for all her past weakness.

Vera suffered from influenza in 1918¹, recovered to some extent, but later had dental trouble, the cause of which was not apparent. Nearly a year later, this developed into severe neuralgia, for the relief of which morphia was injected daily for five and a half weeks. Towards the end of this period doses of three-quarters of a grain were injected twice a day. Her teeth were extracted and bacteriological examination showed the presence of streptococci, not only in the swab from the sockets, but actually penetrating the dentine, as a section of a tooth showed. An autogenous vaccine was administered and the morphia supply simultaneously withdrawn.

A period of delirium followed during which various dissociated pseudo-personalities alternated, and it was thought that the patient would not survive. She however did so and as soon as she could write 'having at first to concentrate on each letter so formed in order to co-ordinate hand and mind) she recorded her experiences, not only of the dissociated fragments of herself, but also of the whole personality which became reintegrated when at the point of death.

It seems clear that the effects of streptococcal infection were increased through a lowering of the body defences still further by morphia and had produced a definite disturbance of the central nervous system. This declined as the vaccine removed the toxic foci in the teeth. The dissociations were thus the result of physical brain changes, yet the actual mental disturbances have proved analysable and have been brought into relation with the personality as a whole. Memory of occurrences while the brain conditions were abnormal has been retained since they became normal.

It must be borne in mind when considering the nature of the ravings of delirium and their analysis, that the predominantly sexual tone may have two causes; one the stimulation of sexual interest supposed to follow the withdrawal of morphia, the other that the greater part of the impulses repressed as incompatible with the ego ideal, burst through and took possession of consciousness when the control exerted through the associative areas of the brain was lessened by the toxæmia.

¹ Many toxic psychotic cases occurred during this epidemic. In the *Journal of Neurology and Psychopathology*, I. 94, Devine gives an abstract of an article, by K. Hitzengerger, entitled "Psychosen nach Grippe" (*Monats. f. Psychiat. u. Neurol.* 1919, XLVI. 267) in which the symptoms of this fever delirium are given as confusion, terror, psychomotor excitement and delusions of persecution and poisoning. The majority of these sufferers were men. Eighty per cent. of the cases so attacked ended fatally. In view of the relatively small number of psychoses in a widespread epidemic, Hitzengerger concluded there must have been an unknown causal factor in these cases.

CHAPTER II

DISSOCIATION

THESE notes include particulars of the following pseudo-personalities: I. Girl. Nursing Home in America. Vague. II. Gwendoline. On board ship going to Canada. III. Old Lady. IV. Middle-aged man. V. Ancient Egyptian Priestess. VI. Breton Peasant Girl. VII. Gerald, a boy of 16. VIII. Girl. IX. Elderly American man. X. Girl in America.

(1) DESCRIPTION OF ALTERNATING PSEUDO-PERSONALITIES

Vera's Original Notes

Beginning of delirium

My last recollection of things as they were was about 9 p.m. on Saturday December 20th, 1919. Dr D..., Mr P... (dentist) together with nurse were there, an inoculation was due—then I remember no more clearly—only a vague confused memory of many nurses flitting about (only one really present) and no memory of anyone else.

Next morning I saw father sitting in a big arm chair and nurse near him. I laughed, saying, "that's a dirty trick, fancy not telling me you were taking me to a nursing home—Oh yes, I'm quite glad to be there—but you might have told me first. It's funny though—that looks like some of our furniture, yet it *is* the nursing home¹, my room is 34, I heard a patient in the next room. Nurse, please, you will let me have a few visitors, won't you?"

PSEUDO-PERSONALITY I. GIRL

Scene—Nursing Home in America

After this, I did not know I had either father or mother. The nursing home seemed to be in America, it was arranged like a very large hotel. Hot water taps seemed to be just outside my room. There was a lot of rushing about, nurses everywhere in the corridors—once I remember seeing my father come in, in a dark grey overcoat; but I took him for a stranger, thinking he had come to the wrong room by mistake. Apart from that I only saw my nurse, being quite oblivious of the presence of anyone else. During the nights the nurse and I used to slip out in dark cloaks and wander mysteriously round strange streets. Several times we came up from the same subway which was surrounded by green shrubs and round the back of a big building.

PSEUDO-PERSONALITY II. GWENDOLINE

Scene—On board ship en route for Canada

The scene changed. I was travelling to Canada on a big steamer, dressed in a green tweed costume. Another girl seemed to be with me

¹ Actually Vera was still in her own home.

in great trouble over something, but it was rather vague. I did not reach Canada. A horse and some rabbits had something to do with each other and with me. The ship was not a very up-to-date one. I wondered why I had gone on such an ancient affair. There were many people on board—one a horrid man. I had no living relatives left. I think my name was Gwendoline.

PSEUDO-PERSONALITY III. ELDERLY LADY

Scene—Unknown City

I was an elderly lady (about 70) with white hair, lying in bed in a bay window facing on to a square with huge columns towering up, with a specially large one in the centre. Many roads diverged from the square, each thronged with company after company of men marching along solemnly, silently through the night. The stream of men seemed endless, all in black uniform, their faces shining out a ghastly solemn white under the light of an uncanny moon. I wondered what these countless thousands of men portended and could only think it meant a fresh war. So I tried to warn people, but no one would pay much attention to my warnings which upset me so much that I lost my memory and became unconscious again.

[Two lines from "The Deathless Army"¹

"Solemnly, silently through the night,
Grim set faces and eyes so bright."]

PSEUDO-PERSONALITY IV. MIDDLE-AGED MAN

Scene—A Workshop

I was in a workshop, a man of about 45 years old. Five other men were present in a very excited, jubilant state, whereas I was very angry. We had prepared a new explosive and found its power was terrific, far beyond our expectations, a grain or two being sufficient to blow up a whole factory. I wished to destroy what had been prepared and to burn the complicated formula without which we could make no more, since I said it would overthrow the balance of the world if any men held such power in their hands. The others would not listen to me, they wanted power at any price, so I snatched the treasured paper, thrusting it into the fire, determined that at least they should make no more.

All five men naturally attacked me and though I fought hard I was soon felled to the ground with my head beaten in, apparently dead. In reality, I was fully conscious, yet in that state in which I could give no sign of life. In order to make sure that I was really dead the men tested me in various ways, a red hot poker against my feet, red hot needle on the palm of my hand and also on the left eyeball, but even this

¹ Recorded in original notes as indicating origin of strange appearance of the men in this episode, which when she recovered from the delirium was attributed by Vera to memories of this song.

intense agonising pain could bring no response. I remained absolutely immobile, so they were satisfied that I was dead, though I felt all and heard their discussion.

Their next problem was the disposal of my body. Finally they decided to pack me in a bale of gun-cotton, which would go out with other similar ones next day. This they did, half stifling me. Still in severe pain I was smothered in gun cotton and stacked up amongst other bales. As they carried me out, I heard one say, "No one else must lift this bale, Its weight will give the show away." The van carrying the gun cotton travelled some distance, and then went through an archway over cobble stones, jolting horribly so that I feared an explosion any moment. The bales were then stacked in a warehouse. After a time I recovered my power of movement, and struggled to get out to warn people, since I heard muffled explosions and knew my mates were blowing up all the works they could. After a time someone came in through a skylight. I made a terrific effort and rolled the bale over. Whereupon the visitor came to investigate, the bale was opened, and I was safe.

PSEUDO-PERSONALITY VI¹. BRETON PEASANT GIRL

I was lying in bed in a lonely cottage in the wilds of Brittany racked through and through with pain, calling for help, pleading for nurse to do something to ease the agony. My nurse, in pale blue uniform, white cap and apron, was queen of a tribe, who, while in human form in the daytime, could travel anywhere in the form of a cat in the night. After a time she felt she could bear watching my suffering no longer, so with pity in her heart she called up two clever doctors from her tribe, by mystic signs and words, though by so doing she voluntarily exiled herself from her tribe. They came as two black cats at her command; directly I opened my eyes however all I saw was the two cats disappearing over the foot of the bed, so I realised I must keep my eyes shut if they were to help me. I also knew that if I voluntarily touched one he would have to stay in the room as a man, and be unable to rejoin his tribe. Therefore I exerted tremendous control in order to stay motionless, hearing and feeling the soft patter of their feet while they prepared wax images of St Anthony with head to scale with my own. Then it seemed as if I could bear no more, for, to cure me they jabbed red hot needles through each nerve of the wax image in turn, intending by burning it out, to prevent it hurting again. The agony was fearful; nerve by nerve they proceeded, sometimes having to make several jabs before one was frizzled beyond further feeling, but as each one was destroyed it ceased to hurt, so in a scarcely audible voice I began to try to give directions, telling them if they had not quite paralysed any particular nerve; but the strain of lying still was very great and every stab felt as if the red hot needle had gone through my head instead of that of St Anthony. Yet I was prepared to suffer anything so long as it held out the prospect of relief in its train. The cat doctors of course realised

¹ The description of pseudo-personality V is omitted for personal reasons.

my suffering; but they always performed their operations in that way, since it left no external wounds, and whatever they did to the effigy the effects were as if performed on the patient.

When the operation was over and the pain had gone I dropped into a brief sleep while nurse and doctors worked hard to clear away the debris before morning. When I awoke [actual] I saw nurse looking very flushed and tear-stained also many odd bits of cotton wool on the hearthrug, but I knew I must not make any remark about anything unusual or the doctors would not be able to help me when the next attack came. This happened that night and I took nurse's hand, longing to say I was sorry she had exiled herself for me, but only said, "you will help me as you did last night, won't you nurse?" The same procedure was repeated and after the pain had subsided a horseman galloped up to the cottage to see nurse, who seemed strangely perturbed and tried to avoid him. Then I fell asleep for a few minutes and don't remember what happened as he had gone when I woke up.

[Legend of St Anthony interwoven with witchcraft tale of a tribe who could travel at will at night in the form of cats¹.]

DELIRIUM TREMENS², CONCURRENT WITH PSEUDO-PERSONALITIES. VII AND VIII

Delirium tremens. Snakes twining in and out of curtains and curtain poles—gibbering faces, animal and grotesque caricatures of human beings glaring at me from all sides—men standing in corners staring at me fixedly with glassy eyes so that I cannot escape their gaze and am overwhelmed with shame when nurse attends to me as if no men were there. Fantastic swaying dancers who change from fairy to snake and back again—horrors in corners, snakes with human heads, with eyes showing the utter blank of idiocy, some wearing a straw hat. I think I am mad and in a mad house—I see heads of people I know opening and shutting mechanically to show a red gory tuft inside instead of brains and I realise that in trying to get me out of this awful place they have lost their brains, and had to stay too. Caves full of slimy prehistoric monsters through which I had to pass, ichthyosauri, dinosauri, ugly many-headed reptiles—octopuses stretching out their ghastly tentacles to grip me—all ugliness possible, all loathsomeness—all moved, shook and seemed to double or treble itself—nothing was still—snakes swarmed all over,

¹ Inserted by Vera in original notes as an explanation of the partial episode.

² The delirium described here was considered to be 'delirium tremens,' and to be comparable to that of the drunkard, not only by Vera when she had recovered from the delirium entirely, but also at times by one of the delirious pseudo-personalities (Gerald) who attributed it to morphia and other drugs instead of alcohol. It was different from the rest of the delirium. One of the most striking features of it was the way in which nothing remained still, everything seeming to vibrate rapidly enough to appear to be doubled or even trebled. Vera assumed on this account that 'tremens' was the appropriate word by which to qualify this phase of her delirium.

even my own fingers turned into snakes and bending back twined themselves with cold slimy bodies round my arms. I knew then I was mad, for were not my own fingers snakes and only a definitely insane person could possibly have snakes for fingers. I cried out with this culmination of horror—the other things fearful as they were, were outside myself, but these snakes were a part of myself. I then lost consciousness of the room, sinking down again into those ghastly caves of loathsome reptiles and antediluvian monsters, trying to run the gauntlet between them. Then back to my room to find streams of blood corpuscles chasing each other in orderly rows round the ceiling—masses of suppurating matter all over the ceiling and a regular medical cinematograph of my inside with all the bacteria at work—staphylococci, streptococci and the cholera bacillus mainly—leucocytes swallow them up, yet still they swarm, up and down, sometimes agglutinating, then multiplying again with increased prodigality. It was indeed chaos supreme—the horror of it proved too much for me and I became like a little child of two, wandering through lovely gardens, passing oak groves of tremendous height, with streams here and there and gentle breezes to temper the sun's heat. I came to a garden where every perfect flower grew. I played with them, patting them gently—picking some and noting the glorious colours. I wish, and the flowers re-arrange themselves and grow at my will. All I seem able to do is to play like a baby, yet I am fully grown and some part of me wonders what Mummy and Daddy will say if that is all the brain power I can bring back to them, knowing I have lost the rest with the memory of the untellable horrors I had gone through before reaching these gardens.

Next I am in my room, and in the mirror I see a man with two women beside him. He seems to be a Viking, with long flowing beard. He changes to a lamb, and the women to ducks, all glowing, iridescent. I try to describe all the rapid kaleidoscopic changes to nurse, but they changed so rapidly I could not manage clearly. I would not let her cover the mirror up as they were so pretty. Next one woman twines her arms round the man's neck and he turns his back on the other and as he does so this other woman changes to an ethereal beauty, while the man and the other woman are a weird unknown animal with the woman's body arranged like that of a horse, with the man's head instead of her own. This then becomes a lamb. The other woman then claims him while the first one who had previously been incorporated with him into one creature, wept and implored in vain. I am one of these women, but try as I may I cannot determine which I am.

[A medical cinematograph had been seen eighteen months earlier. Effects of Jules Verne's *Journey to the Interior of the Earth* also apparent¹.]

¹ Inserted in original notes as partial explanation of origin of the hallucinations in 'delirium tremens.'

PSEUDO-PERSONALITY VII. GERALD

Scene—Hotel at Port Said and Steamboat

I was a curly haired boy of sixteen called Gerald returning from India with my father—a retired Colonel, and a nurse, as I was ill. The boat stayed two days at Port Said, so I was carried ashore for a change. During the night I was aroused by a sharp prick on my forearm similar to that caused by a hypodermic injection and found nurse in a trance. A voice proceeded from the chandelier in the centre of the room saying I had had a dose of cholera bacilli injected, that for one minute afterwards I could speak about it, but if I exceeded the minute I should receive a fresh injection to increase the virulence of the disease at 11 a.m. the next day, and after that other diseases would follow. The speaker was a Hindu using the chandelier as a telephone.

For a moment I was panic stricken and became delirious, seeing streams of my blood corpuscles chasing round and round the ceiling, staphylococci, streptococci and the cholera bacillus at work, on the walls; leucocytes were engulfing them, yet still they multiplied with extraordinary rapidity. Millions of cholera bacilli ran down the drains to spread the infection, the ceiling was thick and sticky with infectious suppurating matter. At last I aroused nurse from her trance, and at that moment my father came in. Hastily I told them I had cholera, imploring them to warn people in the hotel to avoid all chance of spreading the disease¹. The old colonel, my father, refused to take any notice, saying we would sail as arranged next day. My minute was up, yet still I implored, but father remained firm, assuring me that I had not got cholera. Then I begged them to look after themselves which, to pacify me, they promised to do. I explained that I had been inoculated with the cholera bacillus, whereupon they declared no one had been in to do it. I said in that case, it must have been done hypnotically, but I could not say I had incurred a stronger dose by speaking beyond my time limit. Finally, exhausted by my unavailing efforts to make them take precautions against the spread of the disease, I stopped talking.

At 11 a.m. I was again aroused by a prick, to see nurse once more entranced. Hastily I called "nursie, nursie," and told her I had had a fresh injection. I heard voices outside in the street saying that two rats had been found dead of cholera and that after 6 p.m. that night no one would be allowed to leave the town. My father came in and I called out "For God's sake go and warn the people the cholera is here." At the end of my minute I felt so ill that I dared not risk another injection by exceeding it, so signed for paper and wrote in a weak, almost illegible scrawl, though I could only express part of what I wanted to through physical weakness.

¹ Vera really warned everyone she saw and implored them to warn others.

Copy of what was thus actually written¹

Remember I won't die

To speak means waste of a minute
in battling the cholera germ.
Inquire all boats leaving after 6 p.m. to-night
Are in quarantine for a time
Can you hear them call in the street
I guarantee cholera bacillus 40 cases.
Excitement increases temperature.
I guarantee I'll keep mine down if its possible and
Warn in God's God's warn

I dare on speak further and ask to see
particulars downstairs.
I'll pull through here if you take the others.
I can but not so bad for the others

I can't speak for a time
—time

I love you

When I found my father still determined to go, delirium again supervened. I saw pictures of the ship we were on ploughing its way across the sea, calling at fresh ports; and at each port numerous rats carrying thousands of cholera and plague germs swam ashore and whole towns were nearly wiped out by disease while the old Hindu laughed and chuckled at his diabolical revenge upon the white man.

The next thing I became conscious of was that I was once more on board and that all the symptoms of cholera were fully developed. Again a prick and with a mocking laugh a voice said "plague this time."

I remembered I had made a promise to someone that whatever happened I would not die, though I did not remember to whom I had made it, and for a moment I wondered how I could keep it with so many different germs at work, but only for a moment. Then I knew that my will power would enable me to keep my word, though the price of life was terrific suffering. But I was afraid for the others who would not so will themselves to live.

Soon my arms and legs were covered with suppurating sores, my hands and wrists grew rainbow hued, purples, blues and greens predominating. My face of course I could not see. Everything inside me seemed upside down—my head was absolutely on fire. All this time the medical cinematograph was still running, but as my confidence in my power returned the bacteria began to clump and I knew I should beat them.

To my horror my father came in absolutely livid with a great sore on his temple, so I knew he had got the plague too. Again I exceeded

¹ Original paper kept by Vera's father and handed to her later.

my limit, imploring my father to send for proper remedies for himself and for nurse, assuring him they could not kill me, but would kill nurse and him. Finally to pacify me he said he had a remedy and would take three drops¹, and would give nurse some too, since I saw signs of plague commencing in her.

So I struggled on. The old Hindu continued re-inoculating me with many germs because I always exceeded my time limit by trying to convince and save others. Each time I saw a fresh batch of germs at work, only to 'clump' once more as I willed to live; but I felt very weak and ill and exhausted with the effort and wished heartily I'd never made the promise that was taking so much keeping.

That night I thought nurse's pulse was very slow, so begging her to hold my hand and sit in a little chair beside me, I (though so weak I could scarcely move, and in agony) tried to increase her pulse rate by forcing the blood along about one beat in ten faster through exerting all the pressure on her wrist I could². I hoped thus to keep it going so that she should not die.

Soon my own pain [neuralgia] grew too intense, and I was fighting agonisingly for self-control, so nurse brought a dose of a sleeping draught that I had been taking; but at last I realised that the delirium tremens was caused by morphia I had had before and by this draught [chloral and bromide]. So, rather than make my brain worse, I refused the draught that I knew from experience would give me relief from pain in sleep, saying I would fight it through unaided and would not be beaten. Nurse said, "You can't, you can't go on suffering like that and live, it will kill you to go on as you are. Do take it and get relief or you'll die"; but I stood firm and fought the harder, and slowly the night wore on.

As my brain, drunk with drugs, cleared, so the pictures on the walls ceased their rapid motion. The snakes and grinning faces stopped squirming and grinning. The stream of corpuscles slowed down and stopped. The clumps of bacteria remained clumped instead of splitting up again. I no longer went down through a mixed-up scene of horrors in the nether regions where antediluvian monsters roamed around. Horrid prehistoric reptiles ceased their attempts upon my life. So my refusal of the draught was justified and I asked that it might be taken out of the room altogether, so that I should not have the terrific struggle of refusing it when pressed upon me³.

Then father came in and tried to convince me that the cholera and plague were entirely subjective too and on the same plane as the delirium tremens, and at last got the fact home [actual]. I, seeing and feeling my arms and legs still suppurating said, "Well, if my brain has created

¹ Vera's father actually took three drops of something.

² Later nurse told Vera that she had patted her wrist gently for some time. The utmost strength Vera had been able to exert had not amounted to much, though measured subjectively by effort it seemed great to her.

³ Vera asked this because she could not trust her nurse not to press it upon her when the pain was at its worst, as she had done the previous night.

all these symptoms and pains it can destroy them again. Give me three days and I'll have clear skin again." I concentrated my mind on the disappearance of all signs of the imaginary disease, and the next time I felt the prick of a fresh inoculation and saw nurse entranced, I simply ignored it and realised nurse was asleep. The second time inoculation was due it was not given, my skin cleared (it had been clear all the time of course) and soon I announced myself cured of all the delusions¹ I had had, being left only with the fearful neuralgia from which I had been suffering so long.

'Atila' episode

Suddenly a dazzling light shone out from the centre of the chandelier and a voice spoke saying it had come at my bidding. Then I remembered I had seen an advertisement saying that a 'spirit' would be sent which would materialise at a certain time and date, or, in default of this £350 would be paid to the applicant. I had written arranging time and date, and then forgotten about it until so reminded. I (Gerald) asked who was there. "Atila," was the reply: and the figure of a lovely woman in a black lace evening frock, tiny at first, but expanding until it reached full size on touching the ground, floated down from the light. A soft voice said, "I have come to help you in any way possible." I said, "Ease this awful pain. Help me to get well."

Atila then approached the armchair in which nurse sat and I realised nurse was in a trance. She then deliberately sat on nurse's knee, whereupon nurse's clothes just emptied themselves of nurse, remaining limp and flat just where they were. Atila reclined gently on top of the empty clothes, sank into them, filled them out appearing clad in nurse's garb, rose and came to me. I felt her bare arm finding it firm round flesh; she put her arms around me to soothe me, promising to help all she could [this was nurse, of course]. She returned and sat pensively looking into the fire. A moment later I heard a voice saying, "Evil is present in the room, beware!" I knew the voice was subjective and put it down to telepathy from some other friendly spirit. Atila heard nothing. So, thinking she was a good spirit who had come to help me, I said, "Atila, beware, it is time you went before harm comes to you." She poked the fire, smiled a farewell, sank back in the chair, rose to a sitting position, clad in her own black dress once more, leaving nurse's empty clothes behind, rose to her feet and nurse filled out her clothes

¹ "This did not remove the delusion that I was Gerald and on board ship, since I had taken it for granted that I was a boy (in spite of the fact that I was menstruating at the time, a fact which did not enter consciousness). Throughout this I implored them to fetch Dr D. as *he* would believe I had cholera, plague, etc., and would cure these diseases. I wrote several notes to him begging him to come, but when he did I rarely saw him, for frequently at the time of his visit, one of the other personalities which did not know him had temporarily appeared on the scene. Whenever he came when I was Gerald I knew him and had long discussions with him." [This was written by Vera in brackets in her original account.]

again. So for a moment I saw nurse in a trance, with Atila, erect but ethereal, beside her, before Atila floated up and was not.

Only after Atila's disappearance did it strike me that the warning might have been addressed to me on my own behalf, that Atila might be an evil spirit whose help I had accepted. However, I felt too weak and ill to be able to decide whether she were good or evil, though I wanted her help, but not if she were evil. Next day I sent for the Vicar, telling him the whole episode, asking if I should accept her help or not. He, with solemn face advised me to have nothing to do with her¹. I promised I would not, saying I would see she never came again, adding proudly, "I *can* prevent her materialising again."

Next night I was alert just before the time I expected her, and made the sign of the Cross round myself, nurse and the room. The light flashed *outside* the window, a medley of spirits raved and gibbered at me from outside, but none could get in because of the power symbolised by the sign of the cross. So I knew they were evil. For a night or two they still attempted to break through, heralding their approach, hours before, by thin red and gold spider webs spun from window poles to chandelier. Webs that no one but I could see or feel, yet if anyone walked through they seemed covered with the broken threads. The webs were immediately remade after anyone had thus broken through them, but the top two sections were unfinished in every case. I had many arguments with my father who, materialistic old colonel as he was, denied the reality of the webs, the spirits and Atila, which were so obvious to me. However the spirits soon realised their impotence against my faith and gave up the attempt. At first I had made the sign of the cross with wide sweeping movements of both arms, so that nurse should not realise what I was doing. Later I became bolder, even asking anyone present to go round the room and make the mystic sign for me, to keep the spirits out. Atila never appeared again.

[Probably due to a mixed idea of Maskelyne and Devant's challenge to reproduce 'faked' spirit phenomena, and the materialistic spiritualism with which I do not agree².]

PSEUDO-PERSONALITY VIII. GIRL

Scene—South America

I was fighting a terrific battle against tremendous odds. My foes the spirits of fire in every shape and form, my only defence my faith and will power. The attack commenced by a long tongue of flame shooting out from a picture of two bonny little children standing in front of the fire after a bath³. This shot through my head and set it on fire inside. I insisted at once on nurse burning the picture so that the spirit could not shoot again. As it burnt I saw an evil face gleam malevolently out from the burning embers.

¹ The Vicar really so advised Vera.

² Original interpretation included in Vera's notes.

³ This picture was really seen as described, and the nurse burnt it to pacify Vera.

After this a crowd of Patagonian Indians hovered round the window shooting one fire-tipped arrow after another at my head—most of which reached their mark. Again and again, I put up my hand to feel if my hair were on fire, yet the fire those Indians used burned without consuming, like the burning bush of Moses. Hour after hour the gibbering faces bent over their task—getting more and more furious when they found they could not ignite my hair. Yet every dart felt as if they had succeeded, shooting red hot through my brain. With wily strategy I shook my fist at them, trying to laugh at their apparently impotent efforts in the hope that they would cease in disgust and stop torturing me. Though my laugh was often twisted in agony yet in the end it prevailed. The Indians retired saying “To-day we can’t make fire to live and burn you. We go to learn a better way. Then we shall come back again and kill you.”

Once again the fierce burning pain shot through me and I opened my eyes to see whence the new attack came. This time from every knob on the bed, from the bed rail, flashed out the fire flame, out and through me. From the fire itself leaped out great tongues of flame. Even these failed to set me on fire, though as before I felt as if my head were enveloped in flame that burnt without consuming.

Next, electricity was harnessed against me; in the globes of the chandelier I saw the presiding demons of fire shooting off, with all too true an aim, miniature thunder bolts through my head and eyes in all directions. Usually there were two demons in each globe, the elder dressed in a grey small check suit with white cuffs and having a diabolical smile, the younger one dressed in black engineering overalls. There was a complicated system of levers in the globe which they manipulated in order to shoot me. This went on, shot after shot, until I lost consciousness. While unconscious I saw a vision of myself undergoing a new torture devised by the spirits of fire. The reflection of the chandelier showed in a mirror and I saw my head inserted between the globe and the metal connection so that the full force of the electric current passed from ear to ear. I only saw my face and head so reflected, white to the lips, my mouth open as if crying out, but otherwise undistorted as if the pain was so intense that immobility had resulted again. My hair was brushed smoothly back from my forehead, its darkness accentuating the deathly pallor of my face. This vision came directly after I had felt a fearful pain from ear to ear and had called out that both ear drums had burst¹. This occurred again, again followed by the vision, so the pain and the vision which explained it alternated until I thought I would go mad or die. But I still remembered my promise not to die, so still defied the fire spirits to do their worst, prepared to endure all rather than give in.

All this happened several times; but somehow during the deeper unconsciousness which ensued, my soul, almost severed from my body, learned the tremendous power of faith. Little by little it forced this

¹ Vera actually called this out.

conviction up to consciousness. So by degrees I held the spirits at bay by the sign of the cross. The spirits seemed innumerable and each had to be disposed of separately, so it took a long time. After every pang I looked to see where the spirit who had caused it was, pointed a small silver cross which I held in my hand at it, willing with all my might, secure in the power behind the cross, that that spirit should be destroyed. With a pop each spirit collapsed in turn, leaving a headless facsimile of whatever form it had assumed when overtaken by destruction, while its head was seen in the fire, ugly, malevolent, raging at its impotence against my faith. Soon the room was strewn with these facsimiles, yet still many fire spirits were left, but the hordes outside were powerless to enter in face of the cross. They pleaded and implored me to let out those left inside instead of destroying them, but I did not trust them. So the remaining spirits hid in all sorts of out of the way places, in flowers, behind cushions, everywhere, still shooting off their red-hot darts when I was not looking. One by one I found them and soon the fire was full of these faces, robbed of their power. The flowers in which they had hidden died at the same moment. Finally the king of the fire spirits exposed himself to shoot me. Fixing him with the cross, I willed his death, his black evening suit fell limply over the chair back, a great explosion resulted, coals of fire fell out of the grate, even burning the carpet¹ as his head entered the fire. With his death all the other fire spirits, both inside and outside, lost all their power and fled. So I was left in peace for a while.

[Reversion to primitive animism in which the untutored savage interprets a spirit in trees, water, fire, etc., so I interpreted the burning pain, actually very intense, as due to spirits of fire and flame².]

PSEUDO-PERSONALITY IX. ELDERLY AMERICAN MAN

Scene—Boat, then New York fifty years ago

There is a large steamer crowded with people. Most are indistinct. Amongst them a tall man with brown check suit limps slightly, but declares nothing is wrong with him. Although this man is up and I am in bed, yet I seem to be him. Both my feet seem to be cut off and I feel matter and blood draining away. So I know this man has really no feet or legs below the knee, but just an immaterial appearance of them so that no one realises he has lost them. From loss of blood, however, he gets weaker and weaker until he takes to a bath chair. At this stage I am the man, not just seeing him and feeling identified with him, but completely the man himself. New York is reached, I am wheeled down a broad street, vainly trying to remember it. I seem to be in New York as it was fifty years previously, and fashions are different. Many small dirty shops are where I expected large emporiums. I feel sadly bewildered, wondering if my brain is weakening through loss of

¹ A piece of coal really shot out and burnt the carpet.

² Vera's original explanation of this episode.

blood. I send out an S.O.S. signal to a friend (K.) telepathically. He hears and understands that it is blood I need. Next I see a picture of an eye bleeding copiously and at the same time the flow from my own legs ceases, and strength begins to return. I am horrified, for I realise that to save me my friend is losing an eye. I send round frantically to one of the tiny shops I had seen, to get a prescription made up that would save him from the consequences of his quixotic sacrifice. But the only man who knew the prescription can't be found. He is seen coming in at the door, but disappears before he can be spoken to, simply vanishing into thin air. All seems hopeless. My friend will soon be blind, his other eye has started to bleed too. I race. I try to find the man who alone could cure him. Having recovered the use of my legs, I rush round wildly. Even the shop has gone. All is changed. The chemist dashes up in a motor car to the hotel in which I am, but instead of speaking to him I find myself talking to a lady in motoring attire. A lot of sailors appear. I go back to the boat utterly bewildered, fearing the worst for my friend. Again and again I seem on the point of catching the elusive chemist, again and again he is not, just when I feel certain of success. I am puzzled since neither people, place nor time are consistent. People disappear when I want them. I feel I am living fifty years previously. The shops change even as I watch. I cannot make out what is wrong.

PSEUDO-PERSONALITY X. GIRL

Scene—America

I am in bed in rooms, with a crusty landlady and my nurse. I want K. . . and telepathically send him messages asking him to come out to me in America. He sets out, bringing a very clever doctor with him, who will cure me. I see a cinematograph of his journey. The boat leaves Southampton Water, passes round the green shores of the Isle of Wight, out into the ocean, but it does not follow the normal route. Somewhere they land. K. seems both to be and not to be himself. I know it is K. I am watching, he looks very like him, yet not absolutely like him. The two, K. and the doctor, have got separated, and one of them rides madly on a camel over the desert to Beirut to catch the train, if possible, since there is only one a month. There is a race between camel and train. I get very excited watching. Will he do it? Yes, just. The train comes nearer, larger and larger, with a big Canadian Pacific engine, and pulls up and waits. The camel rider dashes up. Someone greets him from a tent, but it is all vague again after the vivid presentation of train and camel race; but the train is caught. Again a rush, this time to catch a steamer at Valparaiso. A girl in green costume has something to do with it. She waits for train to arrive, meets K. and I am vaguely disturbed by her. I see no more of their journey, but keep telling nurse that K. will soon be here, and that I've stupidly given him directions to come down the chimney of the seventh house in the row, and am afraid he'll get black. So I keep sending nurse to look out for him. Then

I see him dropping from roof to window, performing impossible gymnastic feats, but still have the same feeling that it is and is not K. At the same time I think he has landed on a verandah above my room, but nurse declares he has not.

Every time I am left alone for a moment I hear voices. Rough wild men seem to try to rush in and I am afraid of being left alone on this account. I feel they do get in, but keep my eyes shut in the hope that they will go away when ignored. Nurse comes back declaring no one has been and that she has heard nothing, but I know better and think she is only kidding me to enable her to slip out again. She knocks on the wall, making very secret signs to confederates, and leaves me again, but I could not decide who it was she was so anxious to meet. Every time nurse left me these threatening voices were repeated, so to avoid being left I tried to keep nurse too busy with little things to give her a chance, but directly my attention wandered for a moment, she was off again. Finally I overcame the voices by lying still and thinking the sign of the cross, and the voices were stilled.

I think the landlady is going to turn nurse and me out into the street penniless since we can no longer pay her. Naturally I am worried since I'm too weak and ill to get up. If only K. would come; why did I tell him to come down the chimney?

Nurse is busy washing me when a figure in a dressing gown enters¹. "Why, there's Mummy," I call out, greeting her with a loving smile as if she had been away a long time. Then, rather wildly, "But if that's Mummy who am I? For God's sake tell me who I am, or *am* I mad?"; more slowly, "Why I'm..." A moment later, "Tell me who I am. I know I remembered it a minute ago, don't let me forget it again." Again and again I had my name repeated until I really had got it fixed. Then "Where am I? I can't be in America after all. Why I'm in B... and this must be home. Where have I been." Then memory filtered back and I knew all I had been, and had done. And I was wildly excited.

(2) STABILISATION OF REINTEGRATED PERSONALITY

Explanatory Note

The following notes describe some of the stages between the recovery of memory, after the dissociations of delirium, and the recovery of comparative health and mental balance. They were made by Vera prior to taking up psychological research into the fundamental phenomena underlying the dissociation, but later than the records of delirium. The extracts included below show how a disorganised mind readjusted itself, groping its way through experiences unknown to it before, finding its own way under the impulsion of great necessity, and, helped by the stability and organisation of one sentiment which was able in time to

¹ Vera's mother.

dominate and reintegrate much of the rest of the mind in accordance with it, building up a more stable personality.

The period of delirium occurred at Christmas 1919. A relapse followed and Vera was in bed until the end of May. The rate of recovery from the crisis in May (described later) to the experience on June 17th, 1920, when Vera felt to a great extent her old self again, was extraordinarily rapid, physically and mentally. From that time progress has been steady.

Vera's Post-Delirium Notes

The feeling of horror attached to everything was very great, as all the memories of the past experiences kept pouring back into my mind; especially as I at once realised that I, and I alone, was responsible for their origin, and that all the different personalities were simply split off parts of myself.

In order to lose the horror I realised I must talk about my experiences and pull them to pieces as far as possible. At first everyone tried to stop me talking, urging me to forget. For the time being practically nothing else could claim my attention. All my thoughts were filled by attempts to find the origin of the various delusions and hallucinations. Within a week I had tracked down enough of them to lose a great deal of my horror; for I realised how simple, apparently unrelated, things had been associated together and that many of the experiences were due to an attempt, distorted by the disordered function of my brain, to interpret the cause of the pain. I determined to make records of these experiences as soon as possible, before any other ideas had come to the fore to distort my memory, partly as a safety valve, because as I wrote the horror lessened, partly because I thought they would make good material for a book. Knowing nothing previously of delirium, I seemed to have made tremendous discoveries with regard to the working of the mind, so took care to write up accurately all I could remember. Much, I knew, was forgotten, but much remained and for some time odd things brought up fresh associations.

At times, when physical pain was worst, I found that dissociation still occurred, but in these post-delirium associations I myself was fully conscious of all the dissociated system was thinking, though it knew nothing of anyone but itself. For example, one night I became conscious that what seemed to be a complete personality was struggling with a dark man who was enveloping her in a thick black cloak which was suffocating her. She thought "What a fool I am, I must have left my bedroom door unlocked," and went on struggling futilely and was terrified. I myself realised that I had locked the door and that therefore this man could not be there. From this I knew part of my mind was playing tricks again. But this part of my mind did not know what I was thinking, though I knew its thoughts and feelings and actually felt them and yet I was not identified with this part. So a dual struggle

ensued; one part struggled to escape from the toils of the black cloth and the man, the other strove to break through and convince the first part that cloth and man were illusions¹. Finally I succeeded, whereupon the dissociation ceased. During the weeks that followed another splitting up of the mind took place with regard to suicide. A part of myself for which I disclaimed responsibility wanted to escape through suicide, being blind to all else but its hopes that death meant cessation of suffering and struggle. At times I feared I should be powerless to keep it in check, and that in spite of myself I should commit suicide, though I knew that by taking life and death into my own hands I should defeat my own ends, since during the period of delirium I had definitely elected life, knowing the suffering involved. Yet just because the suicidal system was driven back because opposed to my conscious aims, at times it burst through to the surface with such force that it filled the whole of consciousness and I feared would materialise itself in action—action for which I most certainly would not be responsible. During the height of what I called the ‘attack’ of suicidal impulse I could not get any opposing thoughts into consciousness except a blind determination to hang on and not surrender my will, not to cause by my own act the death that both I myself and the suicidal system desired. I was oblivious of all save that I would not be beaten by the rest of me, would not allow part of me to act in a way of which all of me did not approve. It was almost as if it were a fight between body and soul. I myself *was*, apart from all the thoughts and feelings, and I prevented their actualisation,—or so it seemed to me after each such conflict,—but I was woefully afraid of failure. This part with which I identified myself as opposed to the suicidal system, was tremendously reinforced by an appeal made to it when it was in possession of the field of consciousness. I was describing to the Rev. F. Paton Williams the intensity of the suicidal impulse which at times rendered me completely unconscious of my surroundings and of my reasons why it should not do as it wanted. He said there seemed to be a wave of suicidal and murderous tendencies rife in the world at the time and everyone who gave in to it strengthened its power for others, and that God was trusting to me to hold the line to drive back and weaken this tendency, adding earnestly, “For God’s sake don’t let Him down.” This appeal to something on a wider scale than my own little conflict, supplied a motive for trying not to kill myself when there seemed nothing personal left to live for, which strengthened my resisting power tremendously. Such dissociation became less frequent as time went on, though it still occurred at intervals for several months. I determined that since I must fight to live, I must somehow or other make myself want to live, must find something to make life worth while; but though realising the necessity of this, it was some time before I succeeded.

During this time a dream of great vividness put me on the track of using my dreams as a gauge of my unconscious thoughts and tendencies.

¹ This should be ‘hallucinations,’ not ‘illusions,’ but at the stage when this was written Vera had no technical knowledge.

This dream showed clearly that dreams carried on the activity of the unconscious and that therefore they indicated its state and impulses at the moment. I did not know anything from outside sources with regard to the nature and function of dreams. I had, however, learned from the study and pulling to pieces of my deliria that experiences and thoughts, of which one was unconscious at the time, could erupt into consciousness and drive out normal consciousness into temporary oblivion; moreover that only a very small portion of mental activity was normally available for consciousness at any time. I had also experienced many different layers of unconscious activity, or so they seemed to be, each functioning in a different way, each involving different allegorical symbols; I felt as if I had relived my whole life in allegorical form, in spite of the fact that I was not capable of interpreting it fully. Much seemed quite clear, since I had often in earlier days represented various mental states and tendencies allegorically; therefore I assumed the rest must be interpreted on similar lines. It was the realisation of this that enabled me to throw off the natural inevitable horror at the apparent objectivity of the various hallucinations, and to welcome them as the phantasies of my own mind, instead of being horrified at their origin. I also realised the heightening of my imagination, always vivid, as a result of morphia, and I felt confident that there would be no relapse into delirium again. I said it would be very difficult for me ever again to mistake phantoms from my own imagination for external reality, now I had realised a little more of their nature. I also realised that the most trivial details which had ever reached consciousness directly, had a great effect on the form in which the unconscious erupted and became conscious.

The dream which first put me on the track of utilising my dreams was as follows:

"I had taken poison and killed myself. Then I stood beside my dead body and wondered how to remove the traces of poison so that no one should suspect it was due to suicide. I straightened out the distorted limbs and removed the bed jacket from my corpse, then gave it a dose of castor oil. I thus removed all traces of poison. I left everything undisturbed and went to tell my doctor what I had done, so that he would not be surprised. I asked him to keep any suspicion of suicide from my people, declaring he would find no trace of poison left. He was not at all surprised to see and hear me after I was dead, and agreed to my desire to be thought to have died naturally."

I told the doctor of this dream next day. This dream showed clearly the wish to kill myself and not to let anyone know it was suicide, together with the lack of compunction which was typical of the system which from time to time forced its way into consciousness almost to the exclusion of everything else, so that the 'I' which was determined to hang on, feared defeat at its hands.

Thus it seemed to me that if a dream could represent so clearly the activity of an unconscious system, of whose existence and nature I was

aware through its occasional eruption into consciousness, dreams could, and would, indicate the nature of other unconscious activities of which, perhaps owing to their lesser strength, I was not aware. Months later I told the doctor my mental state was much better as the type of my dreams had changed and was changing.

Often I realised the significance of certain dreams only after the type had changed. The previous presence of certain abnormalities was clearly recognised by me in many cases only by the fact of their absence. Therefore each change represented progress or retrogression. *If I found I had gone back to an earlier type of dream, I realised something had gone wrong and that I must find out why I had relapsed instead of continuing to progress.*

After a further relapse on leaving home¹, the physical pain got worse, though I had thought that impossible. It raged for hours with fearful intensity, and even between the completely immobile attacks, the left side of my head and face felt rigid and paralysed, and I could only speak slowly. I realised a crisis of some sort was approaching, hoping no effort to live through it would be powerful enough to succeed, yet I could not relax my efforts and slip through. I had to will to live against my desire, to keep that oft-regretted promise.

Finally the pain increased to its limit, the pressure on the vital centres at the base of the brain was felt at the time to be so great that I thought if something did not happen quickly, if it increased as it was doing, I should slip through and die. Suddenly the tremendous pressure relaxed, seemed to rush away and disperse, leaving my head full of a 'white emptiness,' and in less than three minutes I was asleep, the first time for over thirty hours. The crisis was over. During the above crisis I was in a state of immobility in which I had spent the greater part of the previous week, and since nothing could be done for me then, I was alone, and powerless to ring for anyone as I felt it approaching. An hour later I awoke, knowing the die was cast and my face set towards life, not death, and that therefore there was some work in life for me to do. From that time, though the facial neuralgia continued, the pain at the back of my head which had maddened me so, never returned. So I was able to devote my energies to recovering emotional equilibrium.

The effects of my second great effort to sink all personal desire and leave the issue absolutely in the hands of God were very great. From this time progress was very rapid, the doctor being "absolutely flabbergasted," to use his own words, at the rate at which I improved during the next fortnight. I was allowed to leave the nursing home since I begged so hard to do so, though he fully expected I should have to return in a few days. I wanted to get out of the atmosphere of invalids and nurses, to my friends, and my desire was justified by its results.

I went steadily ahead mentally and physically, still very excitable and talkative, but gradually acquiring more control, and trying to widen

¹ Vera had been taken to a nursing home at this stage in order to be in the neighbourhood of K., the friend who occurred in the manifest content of part of the delirium.

the range of conversation. I could not get fresh interests by reading, since everything was too blurred for me to see to read. I looked at everything as if it were a badly blurred cinematograph film. However my sight improved as I did. The fact that I realised a little of my mental state then, showed I was on the way to recovery. I decided that beyond trying to check my foolish laughter and to take an interest in other people's affairs too, the quickest way to recover mental equilibrium was to set out to regain physical strength, which would enable me to go out and get change of scene, after being confined for the greater part of eight months in bed in a darkened room. Also I allowed myself to cry my eyes out at night instead of sternly suppressing my tears as before, though I did not reach the stage of breaking down when anyone was there. Each day I set myself a definite amount of something to be achieved and, whatever the cost in physical pain and exhaustion, I did it, each day doing a little more. Four days after leaving the nursing home, I refused a bath-chair and very, very shakily rode a bicycle, a few yards further each day. At that stage I could just stagger across the road and back on foot; while on a bicycle, though I wobbled a good deal through going so slowly, I could go further.

Since then progress has been steady, much to the surprise of doctors and nurses, who feared chronic invalidism or even insanity, a likely fate for one in such a state of nervous exhaustion. Progress has been won, not by waiting till I felt I could do various things, but by doing them under great difficulties until they became easier. On June 5th, a fortnight after leaving the home, three weeks after the crisis, I cycled alone down to the home two miles away. On June 9th, the last attack of pain culminating in immobility occurred, though the pain was still very severe. About ten days later, to the doctor's amazement, I started to swim in open air baths, in spite of the neuralgia. Thus I rapidly extended my activities, all of which helped me to throw off the engrossment in my own thoughts.

Finally, in the heart of the New Forest, I found peace again, on June 17th, 1920, after cycling seven miles to reach the place.

[Abbreviated transcript of notes written the day after this event, phrasing unchanged.]

I entered once more into my heritage of the open air, the trees, the wind and all the life about me, became a living part of it again, not only felt the beauty and glory of nature, but became incorporate in Her and God, just feeling, and so the joy of life came back to me, brought by the angel of Peace. I realised that all my cry and longing for death were not for death really, but for the change I had only been able to conceive of as coming through death, a change which would bring me back to my old-time feeling of being in touch with God, that could bring peace and joy in spite of pain... Thus the suicidal impulse was laid to rest for ever, transformed since there was no longer the desire for death. So with the cessation of conflict, I received a fresh lease of life. I was stimulated to continue my efforts to recover, not to sit down

content with having achieved so much more than anyone had thought possible; realising that having gone so far already, there were no limits to future progress. The force was there in myself, either to run riot again in conflict and neurotic symptoms as it had done in the past, or to be employed in some useful activity that possessed sufficient interest to keep me happily employed. I realised if I had put half the energy into curing that I had put into enduring the apparent physical suffering which had dogged my footsteps for years, I could have saved myself a great deal. I did not intend to repeat my mistake."

The first channel into which I directed all my energies was to revel in open air life in order to bring physical strength up to a standard compatible with mental work. Also, since excessive mental activity had been the cause of insomnia for many years, I tried to exert a check on this by trying to make my mind a blank for a time, every night. I relaxed completely, trying to prevent any thoughts whatever from entering consciousness. At first ideas kept intruding, but I persisted in my endeavour, yet thought followed thought in spite of my desire. Soon I found I could cut them off half way through, instead of letting them finish expressing their meaning, when I had been unable to stop the thought showing itself altogether. Gradually by practice mental control became more complete, until I could keep my mind absolutely blank with no realisation of time, or thought, knowing nothing. This carried on regularly, day by day, has helped mental control a great deal. In adopting this procedure I had two aims in view. One, and that the more obvious, was to diminish the excessive mental activity which kept me awake, and to bring it under control. The other was the realisation that on the two occasions on which I had shelved my personal desires, merging them in a Higher Will and so eliminating conflict, a great renewal of strength had occurred. Conscious effort so often seemed to defeat its own ends that it seemed logical to relax conscious effort regularly, for a short time, to give the forces within a chance of achieving something instead of neutralising each other. It was an attempt at the control of mind employed by the contemplative in all religions, an emptying of the conscious self temporarily, to let the Higher forces within or without, work unimpeded.

CHAPTER III

ANALYTICAL ACCOUNT OF THE APPROACH OF DEATH

During the lifetime of Gerald it became very doubtful whether Vera would survive. Life at one time was thought to be extinct; then, however, it slowly reanimated the organism. Later, without knowing this, Vera described how she had almost died, and how, when at the point of death, she had become herself, remembering not only her past life, as Vera, but also her delirious personalities. The notes on this experience were

the first that Vera recorded. Instead of inserting them in full, however, a short summary will be given here which will outline the facts of her experience without the somewhat rhetorical style in which they were originally expressed.

Synopsis of Vera's original notes on the 'Approach of Death'

Vera, as she put it, seemed to sink through many planes of consciousness or unconsciousness, as one sinks under an anaesthetic. Each such plane brought its own pain and hallucinations. While unconscious of the external environment, Vera regained her memory and knew who she was. After a time she lost all consciousness of sensations so that she felt as if she had left her body completely behind. She thought she travelled a long way over trackless desert land until she reached a dreadful blackness in which nothing seemed to exist except herself. Even God seemed to have deserted her. She felt absolutely isolated and was terrified by the loneliness. She struggled on blindly, then found herself surrounded by evil influences which tried to lure her from a track she could neither see nor feel, yet which she knew was there. Their evil presence brought the belief that though still cut off from his presence yet God *was*, and when she thought of the dreadful isolation when nothing existed for her but herself, she felt that nothing else mattered and defied the forces of evil. She still struggled on, till she felt the limits of endurance had been reached. Then the borders of life and death seemed to approach and the sense of God's presence came back to her. Pain and drugs seemed to have no effect; time ceased to exist for her, and eternity was felt. Vera became fully conscious of all that had just happened in her delirium. She remembered all the pain of body and mind, and longed for respite in death. She feared that life would mean confirmed invalidism or insanity or both. She also realised a great and implicit belief in God's power and in her own through Him. Further she remembered her promise, often regretted, not to die, but to live.

In what seemed to be this space on the borderland between life and death, both paths were seen and known. Death seemed to be only the entrance to a better life, but not to the life on earth that she had promised. For what she described as a long 'timeless time,' Vera stayed on the 'fringe of a glorious nothingness,' and slowly began to sink through. She realised that when she had passed through that 'nothingness' which was a state, rather than a space, the memory of all the pain and loneliness of getting there would be forgotten, but that the characteristics acquired through suffering would be indistinguishably fused into herself, her

character, good or bad. There was no fear of death, only joy and the knowledge that whatever the agony passed through, it ceases before death and that unclouded by its previous agony the soul can face its future sanely and unafraid.

On the other hand not only was there a promise to be kept, but also the belief that, though she thought the physical pangs of death were over and longed to sink further into that state of merciful oblivion and restoration, if she willed completely enough, regardless of the cost, she could take the harder way and struggle back till the consciousness of physical things was regained. Vera believed implicitly that because she had said, "I will not die," though she longed to do so, God not only could, but *would* bring her back to life if she willed to live. She seemed to have had all the time necessary for the full realisation of both courses. Then while hesitating as to which to follow she sank further into the 'nothingness,' the memory of pain began to fade, and rest and peace surrounded her.

Suddenly Vera realised that if she waited any longer to make a decision, there would be none to make, since the memory of that broken, or nearly broken promise, was fading and would soon be gone. So to be true to her better self, to keep her word, she felt she must make the effort at once. In that flash Vera deliberately turned her back on all she longed for, determined to take the harder course whatever the cost, believing without the faintest shadow of doubt that God would bring her back.

Following this decision and belief, Vera gradually regained consciousness of her bodily sensations and external environment. She suffered what she said might be called 'the pangs of re-birth,' physically and mentally. Hosts of malignant spirits seemed to hover round, trying to drag her back, to make her give in instead of struggling to live. Horror filled her, but strengthened by belief in God she went on until she felt a glory around her, felt herself in the Presence of God Himself, a glory which was too great for vision but which seemed to enfold her with a feeling of joy and approval. From that glory Vera sank into a natural sleep. She had kept her word.

Life was actually at a very low ebb during this experience, the account of which was given independently, without the suggestion being given from outside that death had been imminent. It seems as if there was a progressive withdrawal of libido from the bodily functions

producing a complete anaesthesia for all sensations. The libido seemed to be gathered up into the self, until a state of complete introversion resulted, in which nothing but Vera herself seemed to exist; a blackness and isolation which was beyond description.

It is probable that the blind struggle, motivated by terror of the loneliness and isolation, was the beginning of a process for which I propose to use the term 'altroversion'¹. The intense desire that something should exist as well as herself, prevented introversion remaining fixed, and enabled the introverted libido to flow out again after having been withdrawn into the egoistic self. The first presences of which Vera became aware, I regard as projections of the evil in herself, felt as evil influences trying to pull her back; but with their presence came the certainty that though she could not feel His presence, yet God is. She feels no longer alone. Other beings are real too, and she struggles on, seeking one she loves. Gradually the filling of consciousness with the introverted libido apparently so withdrawn from the body, seems to have lessened as the libido reinforced the dominant sentiments through altroversion—if it can be called altroversion when still within the self. Yet, since at first it was in the egoistic isolated self, by flowing into and reinforcing the sentiments of the socialised herd self the libido seems to be definitely altroverted, that is in reciprocal relation to others. The field of consciousness which had been previously restricted to isolated fragments, seemed under these conditions to include all the memories which had forced their way into consciousness during delirium, together with the memory of her past life. This latter memory involved Vera's own identity and relations to other people. Memory seemed to embrace, and the mind review and feel, very much more than under normal conditions. Awareness of anything that had been in the preconscious of any self being available at will, the barrier between the preconscious and consciousness seemed to be removed, and the dissociations of the preconscious to be overcome. Owing to the recency and vividness of delirious experience, painful memories predominated. Vera felt at one stage that all she had to do was to sink through what she called a 'fringe of nothingness,' in order to forget all that was painful. The awareness of the 'fringe of nothingness' seems to me to have been an implicit apprehension of a stage in the process whereby painful memories become

¹ By 'altroversion' I mean the process whereby libido or interest is synthesised within the social or herd self, instead of expressing itself in purely egoistic channels. In altroversion psychic energy is not consistently directed inwards or outwards as in introversion and extraversion, but can flow freely either way according to circumstances.

automatically repressed and dissociated from consciousness. All that was necessary in order to forget, was to relax the effort to remember and allow the unconscious forces to do their work. On the other hand, a definite effort was thought to be necessary to prevent them shutting off those memories since they were so painful.

Vera felt too, that once that merciful oblivion for which she longed was gained, she would find the death, which to her meant only fuller life unhampered by pain, for which she so longed. Yet though she thought death was within her grasp and its attainment seemed to her to require no active effort but just a letting go, whereas life and memory demanded a very active effort, she felt death was the lower way. For her the harder way was the one she should follow. Though she could shut out the memory of pain and live without it in the next world, yet, since to do so entailed the breaking of a promise to live, she would be falling short of the highest.

Vera felt that if she willed unselfishly with her whole self to live and remember, she would do so, because with no bodily sensations, the power of thought and belief seemed to transcend that bounded by the senses. This belief, meeting no trace of disbelief, no conflicting ideas, inevitably realised itself in action, as far as the limits of the organism allowed it to respond. Thus instead of dying Vera lived, and as she had refused to forget, since both death and forgetting were bound up together, memory remained as well as life.

I think this accounts for the filtering back of memories in their right perspective later, instead of, as is more often the case, the delirious period being a confused medley or blank. Somehow by turning her back on the more cowardly forgetfulness, whole-heartedly electing remembrance and its consequent pain, Vera remembers now all the different selves which were parts of her, and also can get into touch with the unconscious a little more easily than most people. This has greatly helped the analysis of the deliria, because the repressing forces are now more fully under the control of her will, since they have once been controlled consciously.

If Vera had taken what she felt to be the lower way and not attempted to keep her promise, it is possible that she would have died as she wished. The motive force behind that promise was great and it seems probable that if she had not bent all her energies towards keeping it she would never have recovered. The 'will to live' in many cases turns the balance in favour of life, when without it it might so easily swing the other way. If on the other hand she had ignored her promise and had lived

in spite of that, I think the result might have been permanent mental disorder. She would never have felt the power of belief translated into action, which, through all that followed seems to have been the most potent cause of her recovery. I believe that by determining to be true to her better self, even at the cost of insanity, she avoided the insanity that would probably have resulted from taking the lower way had she lived. So she regained the health and balance she was prepared to sacrifice if necessary, in order to keep her word.

The mental dissociations seemed to be over when the libido was apparently so detached from the organism that life was almost extinct, and touch with the outer world through the senses was lost. Personality thus became more completely integrated and synthesised as death approached; more capable of acting as a whole; more capable of bending its forces towards the fulfilment of one aim in spite of desires which opposed it.

Dissociation and delirium continued after this owing to a certain amount of toxic degeneration of the central nervous system, yet more and more of the better self forced its way into consciousness with time, until Vera was able to hold the whole series of dissociated selves within her grasp; thus synthesising all their memories as one personal memory instead of ten. The personality which now resulted, approximated, more nearly than at any other time, to that of the better self in 1914, before it had been repressed by the triumph of an agnostic and later antitheistic self. The synthesis involved in this, which determined the mode of reaction as a whole, has subsequently proved strong enough to dominate and include all the rest. The temporary overthrows experienced, and the relapse that followed, were due to under-estimating the strength of the forces which were being suppressed.

Later, through being brought into consciousness during analysis, the synthesis of extravert and introvert sides in harmony with the spiritual or introverted self has become more complete. The feeling that she could throw in her lot with one or the other, but not with both, has gone. Vera is both, or rather, she can switch on both modes of reaction at will, or they come into play spontaneously according to requirements, and she is equally herself as introvert and extravert. Thus the synthesis has not destroyed old characteristics. It has enabled them to work harmoniously, or more harmoniously, since neither has won the day by repressing the other, but each leaves the other free to play its own necessary part.

CHAPTER IV

VERA'S *A*, *B*, AND *C* PHASES

Vera's deliria followed a toxic infection. But for this circumstance it seems justifiable to assume that there would have been no psychosis. She had adapted herself successfully to the ordinary conditions of life, and had moreover taken a university degree.

In conjunction with the toxic infection, however, there were earlier predisposing factors. Her health seems to have been weakened by earlier repressions. Since the resistances to which I attribute the fact that much of her libido remained unconscious or 'inaccessible' have been broken down during analysis, many environmental handicaps have been destroyed, thus lessening her susceptibility to future disturbances. Before proceeding to the analysis of the deliria a brief outline of the nature of three alternating phases of personality is necessary.

Vera's adolescence will first be considered. Certain partial dissociations found to be present during adolescence will be traced through analysis, to infancy. Lastly the mental synthesis eventually made will be briefly sketched.

Vera's personality at the age of 17, as it appeared to someone else, is suggested by a passage written by K. in 1914, two years later.

He writes that Vera is different from any other girl he has ever known, because in her there seem to meet two apparently irreconcilable elements—the eternal feminine love and wonder of woman, with the clear thinking coolness supposed to be man's great adjunct, and that Vera seems to have this and the feminine nature both unspoilt. . . . On the third side Vera appeared to K. as one of nature's own wild things.

Allowing for the over-valuation apparent in this passage, it remains clear that to an outside observer there appeared to be a partial dissociation into three incompatible trends of character. This division was accepted by Vera, who also accepted the names 'Lilith' and 'Eve' given by K. to two of them.

Lilith represented the clear thinking side of Vera's personality which came to be regarded as the 'male' side, known as '*B*' for purposes of analysis. It co-existed with the womanly side Eve, known as '*A*.' The third side '*C*' simply burst its way up to consciousness from time to time, sweeping all before it in the sheer irresponsible joy of living. In 1913 Vera writes in her diary mentioning her 'dual' personality, but referring to all three phases. She speaks of herself as Lilith, thus accepting that phase as the dominant one:

"For some time past I have been steadily casting my dredger into Lilith's heart, but I have not sounded it completely yet. Her curious dual personality baffles me. The person who suffers so much (*A*) seems almost a totally different being from the one who experiences such a joy in living (*C*) and again the person whom the world at large sees, is a rather phlegmatic commonplace girl (*B*)... I think her real personality is pretty well masked, and I think it is as well, though sometimes it is hard to find which is her and which is what you might expect her to be."

Two years later her diary again refers to the three irreconcilables, but by that time *C* has to some extent replaced *B* as dominating her attitude, as is shown by the following quotation:

"I am quite mad, I believe, yet would not be different. In some things I am a woman, a woman who wishes in all things to be true to her sex, to be a womanly woman. In others I am a wild tomboy, doing things against my woman's nature, shocking and outraging it, yet rejoicing¹. There are two irreconcilable parts in me, each is real and sincere, and they alternate rapidly, and I would not give up either. It would not be me if I were tamed as one man suggested I needed. Tamed! no, by Jove, imagine a meek and mild colourless image supposed to be me. I'm too much alive to be tamed as he meant it... I want to remain wild, I would not give up my love for, and enjoyment of, the clean simple things of nature for anything. I would not be sober and sedate. Yet I want learning, I want to study, to prove I can do as well as a man, to do a man's work. Yet too, more than anything, I want to be a woman, and a woman wants love... a man to love and be loved by, to care for and by whom to be cared for; and most of all I want a little child. How reconcile these three parts? I don't know. They all exist, yet which will in the end swallow up the other two. I do not know. Yet I'm not ill content as I am. Their continual clashing affords some interest even to myself."

In these notes Vera shows that she realises the impossibility of developing all three sides adequately, feeling she can be any of them, but not all at once, and that some day one will 'swallow up' the others. In the following notes she indicates that she does not know which it will be.

"I am perfectly sincere in what I say and do at any particular time, the difficulty is there are so many different sides to my character that I lay myself open to the charge of being fickle, since one part of me thinks one thing and another part the opposite, and what I say depends on which part predominates at any instant. My head and my heart, colloquially speaking, are in continual conflict and being fairly well

¹ Cp. this with Sally in the Beauchamp case, described by Morton Prince in *The Dissociation of a Personality*.

matched, the struggle is often a keen one. In other words my reason and my feminine feelings or emotions are always at loggerheads. I have no idea which will eventually come out top dog. I suppose it depends on a man. It is hateful to think so, but I do. If I meet someone I think is the exception that proves the rule, I believe I'm fool enough to throw all reason to the winds and in spite of my ravings against men, marry him."

All through Vera's diary the same recognition of conflicting systems, and the acceptance of all as herself, coupled with ignorance as to which will dominate at any time is shown. In 1915, however, the third party of the trio was more explicitly recognised than it had been in 1913.

In 1914, the time of acutest conflict, a 'nervous breakdown' had occurred. Owing to the fact that the 'male' intellectual *B* was the dominant partner of the trio until then, the libido stimulated by *K.* was repressed as incompatible with *B*'s outlook. I attribute the breakdown to this reinforcement of dissociated libido. So complete was the dissociation of the physical aspect of love that only the psychical was experienced in connection with *K.*, though, as will be shown later, the repressed physical aspect expressed itself in the delirium of 1919. The conflict in 1914 produced nervous disorders, which seem to me to be the result of tying up so much mental energy. After the breakdown, which was then attributed to overstudy, the intellectual side was suppressed for a time. Vera determined to develop 'Eve' rather than 'Lilith' for some time to come. This, however, led to the predominance of *C* later on, owing, so far as I can see, to Vera passing through an agnostic stage, which led to a partial repression of Eve as well as Lilith, and to the fact that the sexual nature of *C* was less known to Vera then.

Health was gradually recovered after this breakdown as the feminine, pleasure loving, emotional side became more stably organised. During the years 1918-19 it seemed as if Lilith's long suppression (1914-18) had brought her to an end. She showed no signs of life, the conflict seemed to be over in favour of *C*. Nevertheless *B* was only dissociated, not destroyed, as her later resurrection demonstrated.

Thus when in 1919, disease and drugs together caused a toxic disturbance of the central nervous system, there was already conflict and dissociation sufficient to bring about much more severe mental disturbances. The ten dissociated pseudo-personalities which appeared in the delirium knew nothing of each other. They are believed to be the result of ego-regression of the three main synthesis *A*, *B*, and *C* respectively, with projections from different libido levels. The delirious progression from the feminine, pleasure loving ego, through the 'male'

intellectual ego, to the womanly one which was felt to be her real self, brought about a more complete readjustment, a more stable balance, than when either male *B* or female *C* had been on top. On tracing these out analytically, it was found that the dissociation into *B* and *C* had occurred quite definitely at the age of two. *B* was an introvert, *C* an extravert. *A*, the main personality, combined some of the characteristics of both *B* and *C*, possibly through co-existing in consciousness with each alternately. It also seemed as if when *B* was in consciousness, *C* developed unconsciously, and *vice versa*. What appears to be a split between introvert and extravert had occurred, so that each went its own way independently, but could not gain control of the whole organism on account of the other. A reversal of the unstable equilibrium was invariably brought about by external circumstances. Only after the delirium, when *A* reappeared with more of *C* in her than before, owing to the long spell *C* had had in control, was more stable equilibrium established. The complete synthesis, however, only occurred later through analysis. *A* finally combined *B* and *C* in a working unity.

Development of the Dissociation

As a result of analysis dealing with the earlier years of Vera's life it seems as if at the age of two, self-assertion, acquisition and curiosity combined with infantile clitoris libido (auto-erotic) in the formation of the wish to be a man, and that this clitoris libido retained its more active masculine characteristics even when detached from the physical plane through sublimation. For a year this wish expressed itself in dreams and phantasies which became progressively more elaborate. Then Vera contracted pneumonia, during which time the birth of a brother occurred, and after which the memory of the wish to be a man was forgotten and was replaced by the wish to have a baby of her own. Though the maternal instinct developed in consciousness, the results of analysis support the belief that the repressed wish remained dynamic in the unconscious, forming the nucleus of the male introvert *B*. Further that at the same time that the wish to be a man developed in consciousness, the tender emotion focussed on the father became associated with the sexual libido and was repressed. Presumably this libido formed the mainspring of *C*, the extravert side, in which heterosexual feeling predominated.

At the same time the third side *A* was developing psychically. Apparently libido and interest alike were drawn off from the ego through love and interaction with the environment, and were sublimated or

'socialised' by acting through the channels of the herd instincts¹, incompatible components being repressed. In *A* both self-abasement and self-assertion seem to have combined in the self-regarding sentiment forming the basis of the more stable personality. The self was recognised as in relation with others, chiefly the parents. The instinct of curiosity was found to have played a large part in this synthesis, together with the psychical aspect of love or tender emotion which was the forerunner of the maternal libido. The sexual aspect, owing to its association with the physical expression, had been repressed and thus dissociated.

At the age of three, the maternal libido was strongly developed through the birth of a brother, and apparently sufficiently so to cause the repression of the wish to be a man. The wish to have a baby of her own, recognised as a woman's prerogative, proving stronger, the incompatible wish was forced into the unconscious. There it appears to have developed out of touch with reality. *A* held the field temporarily. *B* and *C* being repressed, but independently.

In *A* the constructive instinct was closely associated with the maternal libido. The emphasis was on the conational side of the mode of reaction typical of *A*. Pleasure lay in doing. In *B* pleasure lay in thinking, the cognitive aspect being most developed, whereas in *C* the pleasure lay in being, the affective aspect predominating. Very soon the forces which had synthesised to form *B* were too strong to be repressed. The wish to be a man did not reach consciousness in its earliest physical form, but the active intellectual introvert tendency had to find expression through sublimation.

By the age of five, Vera had developed enough to be able to read the New Testament. Keen pleasure was taken in reading and in being read to. The world of thought was already becoming important, and most of the simple Bible stories were familiar. The self-regarding sentiment was being built up in *A* as a self in relation to God, whose loving presence was very real to *A-B*. This possibly prevented the complete introversion that *B* alone would have developed. Pleasure in reading grew and in it sympathy and admiration were always for the man. The reader

¹ I have suggested the use of the term *altroversion* for the socialisation of either the introverted or the extraverted types, which gives rise to a social self, with balance between the self and the environment, neither being over-estimated as in *introversion* or *extraversion*. The personality which thus combines introvert and extravert reactions in a working unity, synthesising interest and libido in a well balanced sentiment, can be conveniently called an '*altrovert*' in the same way that the personality resulting from a one-sided synthesis of interest and libido, with over emphasis on ego and object respectively, is called an *introvert* or an *extravert*.

became identified with the hero. Soon the wish to be a boy re-emerged into consciousness and the maternal libido was diverted from the wish to have a child. This was repressed, leaving unchanged the tender emotion focussed on God and others.

A period of tomboyishness followed (from ten years onward), adventurous boys' books being the model. From puberty onwards psycho-neurotic symptoms developed, probably owing to the reinforcement of the libido repressed in *C*. This seemingly came into conflict with the now developed introvert mode of reaction which disdained emotion as weak and feminine, which took pleasure in thinking, and in which thoughts of its own mental development took precedence over thoughts of reproducing the species.

The personality was saved from complete egoism and selfishness, however, by the co-presence of *A* in consciousness, and it would seem that the maternal libido, now diverted from the wish to have a child, was forming a channel of extraversion for the herd (*i.e.* *altroversion*) through love of God. Possibly the struggle to keep the sensual pleasure loving side (*C*) out of consciousness robbed the whole personality of much of its force, and since repressed and repressing forces were so evenly balanced (owing to the physiological increase of the sexual libido at puberty, which consciousness would not admit), neither could win the day, and a psychoneurosis resulted. After a time, however, adjustment to the physiological changes became more adequate. Health improved, *B* and *A* still remained in control, but *C* from time to time burst through in wild, emotional outbursts in which ecstatic union with nature occurred. The sexual libido was being sublimated, but, since it was dissociated, it could only express itself by gathering sufficient force to displace temporarily, the sober, sedate introverted girl, thus assuming complete control. There was no amnesia for the outburst. Once *C* could force her way into consciousness, *A-B*, when it resumed control, accepted the responsibility for the behaviour due to *C* as proceeding from a part of itself, though it did not recognise its source. Naturally, the more that *C* came thus into touch with reality the more organised and developed feeling became, and the puzzled self the more recognisable as a trio of irreconcilables. After a nervous breakdown in 1914, resulting in the loss of a year's memory so far as intellectual work was concerned, the equilibrium changed; *C* and *A* controlled the conscious behaviour, *B* being suppressed, but not repressed, that is, *B* was not driven out of consciousness, but it was not allowed to dictate the mode of reaction of the whole.

The introverted and intellectual blue-stocking of the few years preceding this, gave way to a happy-go-lucky, pleasure loving, essentially feminine extravert, and at the same time the maternal libido previously involved in the wish for a child became reintegrated with *A*, *C*. Thus a womanly woman developed, the love of dress, repressed so long in *C*, came to the fore and for the first time an interest in feminine occupations, for example, sewing, was felt. The balance had swung from the intellectual to the emotional sphere. After a time *C* enjoyed life so much that much of *A*'s more introverted attitude became incompatible with *C*'s. Finally, realisation of the sexual evils rampant in the world proved too much for *A-C*'s belief in a good God. Since the relation towards God was the most strongly developed and organised sentiment in *A*, after much conflict this religious sentiment also became repressed (1915-16). The ideational content was not repressed, but the actual beliefs and their driving force were repressed and only able to influence consciousness indirectly. This occurred in the same way that the driving force of *B* was repressed, though its memory was not repressed. Thus the third member of the trio came into its own, and dominated the mode of reaction. Each member of the trio was thus capable of reacting as a unitary personality in turn, but equilibrium was inevitably unstable owing to the organisation of the others in the unconscious. All were parts of a bigger whole.

Adult Synthesis

Following this in 1919 came the toxic psychosis during which much of the previously repressed affect abreacted itself. This swung the balance back finally in favour of *A* as the dominating personality; but combining within itself the still incompatible modes of reaction of *B* and *C*. Since both were in consciousness, however, *A* was able to choose the mode of reaction, to choose, more freely than before, whether *B* or *C* should influence the action. *C* was kept severely in check, though not repressed, for some time, and *B* resumed activity under the direction of *A* until, through an auto-analysis, *C*'s co-operation proved essential. A channel of sublimation was thus found and *B* and *C*, working harmoniously at last within the self-regarding sentiment of *A*, ceased their independent or semi-independent existence. The memories of *A*, *B* and *C* were all in the preconscious and available for use by the real self resulting from their fusion. As a result both thinking and feeling became differentiated.

The conflict in general was solved, so far as I can see, not by the victory

of one opponent but by the mutual development and interaction of both. Thought and feeling both inspire to activity. Adaptation can be made in both ways at will, coming into play automatically according to the needs of the situation. Introvert and extravert balance, or in Freudian terms (or my extension of them), the ego instincts and the sexual instincts have found an altruistic channel in which both can gain satisfaction. Both self-preservation and race-preservation instincts, in my opinion, have joined to build up a self-regarding sentiment through the herd instinct, in which instead of the egoistic self with whom all the instincts were bound up primarily, the self is a social self in relation to others. The self-regarding sentiment is, for me, a synthesis of the relations between the self and the object, and therefore the basis of personality.

This case supports Jung's view that the extravert-introvert distinction is based on the two biological types of adaptation. The extravert side was found to be motivated mainly by the sexual energy projected outward as object libido, whose urge was reproductive; while the introvert side was motivated by ego interest combined with libido which did not leave the self, and was not projected outwards for reproductive purposes, but turned within for the development of the individual.

The pathological factor in the case does not seem to be the relative proportions, but the relative fixity, of the narcissistic and object libido respectively. Each pursued its further development independently, instead of there being free play between object and ego libido so that their development could keep pace with one another. Apparently the fixation occurred through the close association of libido with certain ego impulses to form an independent unit capable of developing and interacting as a whole with the rest of the mind, but not allowing independent interaction of the components. The underlying basis of introversion thus seems to me to be a narcissistic fixation of libido. If this dominates consciousness then the extrovert tendencies are in the unconscious. If the narcissistic libido suffers repression first, extravert tendencies develop and the introvert ones are in the unconscious. In either case a one-sided attitude results. If, however, the two tendencies are of almost equal strength, sometimes one will force its way into consciousness, and sometimes the other, under environmental influence, and a certain amount of interaction will occur, a third group of tendencies including some of each being formed. This gradually brings about a synthesis of the dissociated ego and object libido, combining the qualities of both.

Where this is successful, where energy can flow freely from within

outwards as well as from without inwards, we get an approach to Trotter's 'ideal mind' which combines the sensitivity of the unstable mind with the energy and resolution of the stable mind. The neurotic is, so far as I can see, the one in whom the solution of the conflict has failed to satisfy either opponent adequately, in whom the dissociation has not been re-synthesised, in whose mind is therefore perpetual conflict, leaving only a relatively small psychic force with which to adapt himself to the environment or to reproduce his kind.

CHAPTER V

OUTLINE OF METHOD OF DELIRIUM ANALYSIS

The analysis was carried out with the co-operation of the Rev. F. Paton Williams. An attempt was made to combine the advantages of auto-analysis and ordinary analysis in which transference plays an important part, and to eliminate some of the disadvantages of either when used alone. This collaboration made analysis more rapid than under usual conditions, for Vera could give much more time daily to the recovery of repressed memories than if she had been dependent upon an analyst's convenient times. Furthermore through transference, forgotten emotions were re-experienced in the present and could be tracked to their source in the past, in a way that would be impossible in a mere auto-analysis.

During the auto-analysis Vera sat as comfortably as possible, with muscles relaxed, having pen and paper in readiness. Then starting from a single idea taken either from the record of a delirium or a dream, she suspended all conscious criticism or selection of thoughts. She prepared to write down freely every thought immediately it emerged into consciousness, without trying to trace its connections in any way. She allowed her mind to play freely around the selected starting point, recording both thoughts and feelings as passively as possible. This, of course, is the conventional method of 'free association.'

At first it was difficult not to criticise or to censor the somewhat disconnected thoughts, but after practice Vera soon found that she could obtain material in a quicker way. After choosing a starting point she made her mind completely blank as described in Chapter II, p. 204, until the more relevant¹ (often seemingly irrelevant) associations forced their way into consciousness.

¹ Affective relevance, not logical relevance, is meant here, hence the seeming irrelevance which refers to the intellectual estimate of their importance. The significant factor in this method is the affective nexus.

The length of blank depended upon the strength of the resistance to be overcome, and thus probably upon the completeness of the amnesia. This preliminary making of the mind a blank, in which repressing forces were consciously directed to keep all thought out of consciousness, made selective repression much more effective; only the memories affectively relevant to the starting point were allowed to enter consciousness when obtaining free associations. It also served to increase the passive relaxation and to eliminate conscious criticism and control more completely¹.

At first Vera simply wrote down her free associations in this way, taking them once a week to the Rev. F. Paton Williams for interpretation. That is to say she did not consider her free associations critically except when with him, but merely obtained them uncritically. This, however, proved too slow and at the end of a fortnight, it was arranged that Vera should also interpret the dreams from which she was obtaining the associations at the time, submitting the free associations and interpretations to her co-operator for later criticism. From this stage Vera's free associations changed in type. Because she was acting as analyst and subject simultaneously, only those memories relevant to the point in question emerged. The problem as to what that point meant seemed to inspire every link in the chain of free associations. This preconsciously organised the partly dissociated memories as soon as a sufficient number of them had entered consciousness. At first Vera thought she was mixing conscious attitudes with preconscious ones, since every series of free associations led sooner or later to a series of attempts at interpretation. Each such attempt was based on the material just brought up, and was modified as fresh memories emerged. In spite of not understanding the preconscious mechanism involved until much later, there was no mistaking when she had broken down the resistance because the affect liberated was so intense.

Vera's wish to break down the various resistances, and to face the contents of the unconscious unaided, in spite of temporarily unpleasant consequences, had to be stronger than the strongest repressed affect. In the earlier stages, however, she found that at times a whole series of dreams, when analysed, expressed the same wish. Having intellectually accepted the presence of this wish Vera thought she had completely broken down the resistance to it, but several times she found it still coming up disguised in fresh ways. I interpret this to mean that it had not been accepted emotionally; that her analysis had unearthed only

¹ See Chapter VI for illustrations of method of interpretation, through free associations and transference. Dreams were treated in the same way as the deliria analysis there given.

the ideational content, and had not liberated the affect connected with it.

On this matter the help of the Rev. F. Paton Williams was sought. He was able to confirm the relevance of the ideational content and to make Vera realise its affective significance which was transparent to him. Her emotional resistance to accepting the latter was often very great. However, this intense resistance, coupled with the fact that she was aware of the ideational content, seemed to indicate that he was right. When this further stage towards the realisation of the affect was followed shortly after by the full force of the repressed affect surging up and filling consciousness, there was no mistaking its significance. The resistance was broken down completely. Almost invariably this abreaction of affect occurred *after* their discussion, not during it, emerging as soon as Vera relaxed her mind in free association, which she did only occasionally when working with him, in order to elucidate some minor point.

The joint work consisted in going through the analysis Vera had done. This helped her to appreciate the affective significance of an association if she had found only its intellectual meaning. Mr Williams often selected as starting points for the next week's work what she thought trivial, irrelevant associations, though he rarely gave any clue as to what he expected her to find, leaving her to discover what had made her think the point in question trivial. As Vera gained more experience indications of the lines to be followed became less frequent; she often carried out whole sections unaided, he seeing the material and the results of its analysis only after an interval of several weeks, by which time she was dealing with fresh material. The fact that it was to be checked later, however, acted as an incentive to analyse as honestly as possible, since Vera preferred to abreact the emotions whenever possible before going through the work with him. She could thus discuss the experience more easily and was less biassed by the affective accompaniments.

Further, owing to the longer intervals of time between the interviews, Vera had not time to wait to be helped, necessity spurring her on to find her own way. She made full use of her extravert tendency to feel her way into a situation. She found out how to do anything necessary by doing it, and discovered afterwards by means of introvert tendencies the way in which she had done it. Vera had no idea of the difficulties involved in analysing the deliria, but having started, each difficulty, hitherto unsuspected, came into sight as the one preceding it was overcome. My opinion is that the deliria were the expression of regression to many different levels; thus Vera could understand and interpret them

only by living through these levels again, by experiencing the impulse of each dead and gone self to action not as towards past, but towards present situations.

One main problem was how to relax conscious inhibition sufficiently to enable every trend or tendency, repressed as incompatible with the ideal self, to come into consciousness with its full impulse to action, and yet to be able to inhibit its activity until a method could be found of harmonising the conflicting forces through sublimation. It involved the retaining of motor control by the normally conscious personality, when at certain times it deliberately relaxed its attention to external reality and turned it towards material of which it had previously been unconscious.

While thus writing down passively every thought or feeling as it emerged, Vera experienced the corresponding affective and impulsive aspects of the meaning which had been repressed. That is to say, she experienced the way in which it tended to affect her behaviour, without becoming aware at the same time of the critical judgment or cognitive aspect of the meaning which had led to its repression as incompatible with her ideals. In other words, Vera identified herself temporarily with her unconscious, and therefore experienced directly the meaning which she had unconsciously attached to the repressed material.

Vera's attention while obtaining free associations was directed more particularly to the conative and affective aspects of the repressed material, since cognition, as a selective and judging function was suspended temporarily in favour of feeling. The meaning so apprehended affectively was therefore only a part of its full significance. Nevertheless it was an essential factor in the real meaning as it affected her as a whole.

Once she had become aware of this aspect of the meaning and had recorded it, Vera interpreted it in the light of consciousness as well, apprehending intellectually instead of affectively. She was then able to realise the significance of the repressed material, through recombining the affective and conative aspects of meaning with the cognitive aspect which seemed to have become dissociated through repression.

These complementary aspects of meaning seem to me to correspond to the differentiation of psychic energy into *horme* and *mneme*¹. Intellectual apprehension can only grasp the *mnemic* aspect, affective apprehension the *hormic* aspect. Both are essential to the real meaning. Repression can refer to either *mnemic* or *hormic* aspects separately, or to both together.

¹ Cf. T. Percy Nunn: *Education: Its Data and First Principles*, pp. 21-22.

This must be borne in mind in connection with the free associations reproduced in Chapter VI. Since the sequence is an affective one, not a logical one, it is difficult to be convinced of the validity of the connections without the actual experience of the subjective elements accompanying them. It is just the elements which bring conviction to the subject that are impossible to convey adequately to another individual.

Throughout the analysis conscious direction has been minimised. Vera started from a point in the delirium, which seemed to stir up the level of the unconscious concerned, since this induced dreams, the analysis of which brought up previously inaccessible material. She became aware of one problem after another as more material was apprehended in the way I have just described.

The most primitive levels of the unconscious were discovered almost entirely through transference. That is to say, the projection of the primitive impulses on to the analyst gave rise under analysis, to an implicit apprehension of their nature, which could then be made explicit through the critical differentiating attitude of the conscious self. The full realisation of their nature only occurred when thus made explicit, but it seems probable that in infancy they were undifferentiated as when first implicitly apprehended during analysis. Their significance for the infantile self would thus not be the same as their significance for the mature self. Memory was carried back to within the first year of life, making clearer the development of conative and affective trends through their various stages to maturity.

Vera found that sublimation of the repressed libido was possible only when the incompatible desire, whatever its nature, had been made fully conscious, both intellectually and affectively. It had to enter the "personal focus of consciousness" before it could be sublimated. This confirms Freud's statement: "It is possible that sublimation arises out of some special process which would be kept in the background by repression¹." The actual sublimation takes place unconsciously if the desire for it is strong enough and that which requires sublimation is fully in consciousness, analysis showing afterwards where and when it took place. Resistances were broken down in the same way. Once the problem to be investigated was presented to consciousness, the actual method of solving it and of breaking down the resistances which hindered that solution, was elaborated unconsciously. The motive force in both cases was supplied by the intensity of the desire to make the fullest use of the painful experiences of delirium for the alleviation of the sufferings

¹ *Internat. Jour. of Psycho-Analysis*, Vol. 1, p. 374.

of others, which to achieve its end was able to draw upon the whole instinctive force synthesised within a strongly developed religious sentiment.

Through following out the technique which is described above, the assumption of self-preservation and race preservation instincts which differed in kind seemed necessary and enabled a more comprehensive explanation of the facts to be suggested. These seemed to correspond closely to Freud's division into ego instincts and sex instincts, motivated by interest and libido respectively, though the former were elaborated somewhat, he having left them comparatively undifferentiated. The resultant hypothesis was then adopted provisionally. It is of course merely a probable inference from the facts; ego-interest and libido are merely useful hypothetical conceptions behind the facts. They are, however, hypotheses as valid as the three assumptions made by Irving Langmuir with regard to the arrangement of the groups of negative electrons round the positive nucleus of the atom, from which assumptions he could account for the inter-relations between different elements, and was able to predict the properties and atomic weights of elements as then unknown. Neither hypothesis can be a fact of subjective or objective experience, yet both hypotheses render the relations between large systems of facts intelligible and allow a fuller interpretation than was previously possible and prediction of facts falling within the realms in which they seem to be valid. Therefore I claim the validity of the assumptions made in this article as working hypotheses, which may have to be revised and modified in the light of further knowledge, but which do enable a less inadequate interpretative account of the abnormal mental phenomena here considered to be given, than is possible without them.

With the nature of the vital energy which motivates these groups of instincts this article is not concerned. Psychology here branches into metaphysics, but before a metaphysical superstructure can be raised on sound foundations, the facts of experience must be organised into a systematic whole, which is as far as pure science can go before handing on the material it has organised to be incorporated in the wider realm of philosophy.

(To be continued.)

ON THE PHYSIOLOGY OF TREMOR IN RELATION TO THE NEUROSES

By R. G. GORDON.

THE occurrence of tremors and incoordinations as physical symptoms amongst neurotic patients is so common, that they have often been passed by as too obvious to require comment. Sometimes however the careful investigation of such obvious symptoms throws light on more obscure problems. The subject of neurotic tremor has received a good deal of attention from those masters of clinical observation the French. Thus Roussy and Lhermitte⁽¹⁾ describe two varieties, atypical and typical. The former they regard as expressions of the emotion of fear and Meige⁽²⁾ in extreme cases has pointed out that they may form part of an obsession characterised by a phobia of tremor, in which the greater the phobia the more intense the tremor. The latter variety of tremors which resemble those typical of various organic nervous diseases are regarded as imitative. Meige, during the war gave a bad prognosis as to their curability and argued therefrom that they were due to definite organic changes within the central nervous system. Roussy⁽¹⁾ and Hurst⁽³⁾ however deny the former contention and discredit the latter because of the possibility of cure by Psychotherapy.

Janet⁽⁴⁾ describes hysterical incoordinated movements under three heads: expressive movements which include gesticulations which would properly belong to some emotional experience; "Professional" movements such as those of reiterated piano playing or drum beating, and imitative movements which may be of any variety. He points out that all these tremors involve the more or less coordinated functions of several groups of muscles and never of single muscles and therefore that the disturbance is at a high level of the nervous system. Also that the patients are quite conscious of these movements, but seem to have lost the feeling of liberty and volition with regard to them. Dejerine and Gauckler⁽⁵⁾ note the variety of types of tremor but consider that they are of emotional origin as evidenced by the fact that emotional crises will initiate or exaggerate them. They suggest that they may be phobic in origin and represent a persistent recoil from an action which is constantly being attempted. In other cases they suggest that the tremor

is a constant effort to correct a vicious attitude. Amongst English authors who have considered the subject Hurst⁽³⁾ suggests that the tremor is always due to incoordinated hypertonus of antagonistic muscles and attributes this to the suggestive effect of emotional states. Mott⁽⁶⁾ regards tremors as "due to defective innervation and an involuntary spread of nervous impulses to antagonistic groups of muscles, and this defect is of high central origin." The originating factor is the suggestion conveyed by fear and possibly of cold. The fine tremor he considers similar to that of chronic alcoholism, Graves' disease and general paralysis are due to fatigue, the coarser tremors are due to suggestion and imitation. Personal investigations into the genesis of neurotic tremor have revealed a variety of pathogenic factors, but the initial influence is emotional and the particular emotion involved would seem to be fear. Such tremors may be grouped under two heads. Those which persist for a certain time as neural habits with little or no emotional accompaniment except that induced by the tremor itself. These were common enough in the war and are met with in civil life to a less extent. In such cases a condition of simultaneous hypertonus of antagonistic muscles is revealed and treatment consists in teaching the patient to relax these and re-establish the proper reciprocal tonic action. Such hypertonicity and tremor are most often the sequel to a painful wound or other pathological condition in the limb which induced a fear of movement, but the painful condition having passed away, the emotional accompaniment has passed except in so far that some anxiety may exist in view of the uselessness of the trembling limb. The removal of the tremor will be sufficient to cure the condition since there is no abnormal emotional reaction behind it. The other group comprises those cases in which there is a definite affective mental accompaniment of fear or anxiety. The extent to which this affective accompaniment is conscious varies. There may be a consciousness of *the* object of the emotion or of *an* object, though on investigation it is found that this is not the true object. As for instance in a case of obsessional cleanliness associated with tremor in which the latter symptom was accentuated by the fear of contamination by any real or imaginary dirt. Needless to say the speck of dirt which was apparently the object of the fear was not the real object. This turned out to be connected with illicit sexual practices. In other cases there is no apparent object but simply abstract panic. In certain cases the fear is associated with and conditioned by some other emotional disposition which may modify the localisation and character of the tremor. Thus a case of tremor of the right hand was found to be

associated with fear of masturbation and its imagined results and the nature of the object of the fear undoubtedly modified the character of the tremor. Similarly in those cases of Adlerian neuroses when the organic inferiority of a limb engenders various fears and anxieties in respect of it, a definite localisation and modification of the tremor may occur. With regard to the so-called imitative tremors, the nature and distribution of the tremors may be determined by the source of the imitation, but there seems little doubt that these imitative symptoms are only initiated when the patient is already in a state of anxiety and fear. Let it be admitted then that the tremors of the neuroses are expressions of and are derived from affective conditions of fear or anxiety. The object of this paper is to discuss the nature of this affective reaction especially from the physiological standpoint, to suggest why tremor is such a common physical accompaniment and to investigate the physiology of the persistence and ultimate cure of the symptom.

The emotion of fear is a primary affective disposition which is a purposive reaction to certain stimuli. The purpose is a very definite one and a very important one, namely to protect the animal against dangers to health and life. In its simplest form the stimuli which initiate the response may be of great variety, any noxious influence at all being capable of setting off the reaction. With increasing integration the stimuli become more specific as the individual learns to neglect certain stimuli which he has learnt by experience are innocuous. This learning by experience to discard certain stimuli is a process of conditioning comparable to the classical experiments of Pawlow, but we may express the process as a negative rather than a positive conditioning. At first any noisy object approaching sets off the fear response in a young horse in a field, but after repeated experience that the motors passing along the road beside him do not cause him any hurt, the reaction is so conditioned that he no longer responds to this particular stimulus. This discrimination is a cortical function for as Bianchi(7) has shown, when monkeys who have learnt to discriminate between apparent and real noxious stimuli are subjected to ablation of their frontal lobes they become subject to uncontrolled panic in the presence of stimuli which are usually quite inadequate to induce reaction. This shows that the localisation of the primitive reaction is subcortical and Head(8) has shown that those cases of thalamic syndrome which are characterised by uncontrolled reactions to painful stimuli also act in an uncontrolled manner in response to other affective stimuli. We may justly presume therefore that the localisation of the principal integration of the primitive response to

noxious stimuli is in the thalamus. This response involves a special differentiation of painful affect which we recognise as panic, or if of weaker intensity and more prolonged as anxiety. The motor response will vary according to the species of animal, and in the case of higher animals and man according to circumstances. Rivers⁽⁹⁾ distinguishes five modes of reaction, flight, aggression, manipulative activity, immobility and collapse. With the exception of the last any power of discrimination between these various types of reaction depends on cortical function and is not part of the primary response. In addition to these responses there are certain involuntary activities such as dilatation of the pupil, acceleration of the pulse, dilatation of the bronchi, mobilisation of blood sugar and inhibition of digestive function, together with sweating and erection of hairs whose purpose it is to prepare the animal for instant action. All these activities are the result of the activation of a series of neurones arranged as a specific engram. The term engram was introduced by Semon⁽¹⁰⁾ to describe a series of neurones which were habitually activated together. The researches of Cannon⁽¹¹⁾ and others have shown that the engram, in addition to the central nervous system neurones comprises those of the sympathetic system which are also called into play, their activities being reinforced by the outpouring into the blood of suprarenal secretion. The latter factors indeed determine the accompanying involuntary activities, which we designate as characteristic of fear. In addition to these strictly purposive reactions however unless the reaction is perfectly controlled and discriminated certain useless reactions ensue, the most characteristic of which is tremor. Perfect control and discrimination are the functions of the cortex while as will be seen later tremor is essentially a subcortical reaction. The work of Sherrington⁽¹²⁾ and later of Wilson⁽¹³⁾ has shown that the engraphic activity on which the bodily changes depend does not have as its mental correlate the full affective experience which probably depends on higher thalamic integration. The latter in his research on involuntary laughing and crying definitely proved that this was not accompanied by corresponding affective experience. He places the centre for these bodily affective expressions in the upper pontine region and as there is evidence that affective experience is associated with thalamic function we may take it that the James Lange theory is not adequate. That is to say that affective experience is not simply the mental correlate of the bodily changes but involves a higher integration through cells in the thalamic grey matter. The primary reaction of fear then is dependent on an engram integrated at the thalamic level and exhibits the characteristic

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all or none reaction of this level. Under ordinary circumstances in man and the higher animals this primary reaction is under cortical control whereby discrimination is possible.

Our next task is to discuss the physiology of tremor. Crouzon⁽¹⁴⁾ distinguishes the various types of tremor as follows:

1. The so-called physiological tremor described by Lamarck and Pitres in 40 per cent. of 1000 normal people examined. This occurs especially in intense muscular effort and when the subject strives to find a position of equilibrium. Similarly in the normal person tremor may occur under stress of emotion, especially fear and at the onset of fever when doubtless it may be classed as a transitory toxic tremor.

2. Tremors associated with organic nervous disease. The intention tremor of disseminated sclerosis is not a pure rhythmical tremor such as occurs in sub-thalamic lesions when support is withdrawn from the affected limb, as Birley and Dudgeon⁽¹⁵⁾ have pointed out since it is more marked when a voluntary effort is made. This condition is a mixture of tremor and incoordination. In the opinion of these authorities it is due to a lesion of the cerebello-rubral fibres and certain other cerebellar connections in addition.

Interference with the afferent tracts of the cerebello spinal connections are also seen in Friedreich's ataxia and in cerebellar lesions, but these also partake of incoordinations rather than true tremors.

The tremors of paralysis agitans and that which occurs as a sequel of encephalitis lethargica are of a more typical type but are slow and coarse compared to the tremors which more specially concern us. As a rule they can be controlled voluntarily to a certain extent and cease on voluntary movement and for these reasons Buzzard and Greenfield⁽¹⁶⁾ consider them to be due to a release of lower nervous activity by removal of control. The lesions found in those cases which have been examined are chiefly in the cortex, in the optic thalamus and corpus striatum. The work of Wilson and others have shown that lesions in the globus pallidus will produce similar tremor. Vogt considers that the variations in the type of tremor depend on varying degrees of disintegration of the corpus striatum, but de Lisi⁽¹⁷⁾ considers this explanation unsatisfactory and attributes such varieties to lesions of other structures in the midbrain. D'Antona⁽¹⁸⁾ found lesions in the putamen and globus pallidus and also in the locus niger and dentate nucleus and concludes that the syndrome is due to removal of control of the striatum system, the putamen and caudate nucleus, over the globus pallidus and lower centres. Similarly in a case of hepato-lenticular degeneration characterised by coarse tremor in all four limbs, Hadfield⁽¹⁹⁾ found marked

degeneration of the putamen and globus pallidus and also of the *ansa lenticularis*.

The tremor of general paralysis is more typical and consists of a regular rhythmic movement. The lesion in this condition is general throughout the higher levels of the nervous systems but especially affects the cortical connections.

Of a similar nature is senile tremor and in both these conditions demonstrable changes occur in the cortical neurones. The rare hereditary tremors may be classed here as having an organic basis.

3. Toxic tremors. The tremor of Graves' disease is probably of this nature and like others owes its effect to a more or less permanent throwing out of the functions of cortical cells, though there may be no demonstrable organic change. The tremors of alcohol, lead, mercury and that of fatigue have a similar origin and nature.

4. The hysterical tremors. These have the character of rapid regular vibrations, but may be modified by imitations of other tremors.

From this study we may see that the incoordinations depend on interference with the afferent side of the cerebello nucleus ruber or prepsinal arc. The intermediate coarse tremors such as are seen in *paralysis agitans* depend on interference with the next arc or more specifically with the control exercised by the striate system over the lower centres in the midbrain. Finally the fine tremors depend on interference with cortical control over the basal ganglia. It is of importance to notice that in all examples of the last group there is a marked loss of control of affective reactions. The case of Graves' disease, of alcoholism, the G.P.I. and the over fatigued person are all easily moved and the same is true of the Parkinsonian, though his peculiar rigidity makes it impossible for him to express these affective states. In all these cases then we have a diminution of cortical control over basal ganglion activity, both affective and motor and when released from control the affective thalamic centre exercises a marked influence over the corresponding striate function. Thus Coppola⁽²⁰⁾ referring to the localising influence of emotion on the various pathogenic influences responsible for the Parkinsonian syndrome remarks that the exaggerated functional activity of the thalamus resulting from the emotion of the war was able so to influence the lenticular nucleus that it created a *locus minoris resistentiae* to noxious external agencies. Further from the evolutionary standpoint the thalamus and the corpus striatum at one time represented the high water mark of nervous development and anatomically a very large body of association fibres between these centres is demonstrable.

In a general review of the neuroses as a whole the conclusion to which most people arrive at is that there is a want of adaptation both in respect of the environment as a whole and of the particular aspects of the personality. Such adaptation essentially depends on the establishment of cortical function at its highest level and neurotic symptoms unquestionably correspond to an interference with this function. These highest functions may be summarised as control, integration, discrimination and reference in time and space, all these are noticeably deficient in the neurotic. I believe that in the production of these symptoms various factors are responsible. In the first place there is a constitutional factor which may be expressed in Janet's terminology of a lack of psychological synthesis. For descriptive purposes this term could scarcely be bettered but it has been much criticised on the ground that it gives no explanation and is merely defining a condition in terms of Greek words. Such failure of proper integration of the engrams into stable entities may be due to temperamental influences especially in relation to the ductless gland secretion. Secondly having started with the constitutional factor in a greater or less degree the pleasure principle or the pursuit of gratification of inherent primitive impulses can less readily adapt itself or overcome the reality principle since there is a less stable and less integrated inherent pattern to oppose to reality. This leads to conflict and with conflict the continual arousing of fear in its most primitive form. It is clear that people differ in the degree of constitutional abnormality. At one end of the scale are those who can cope with no conflict between pleasure and reality principles and at the other those who only succumb when this conflict is of the most intense and insoluble nature. Although many of these conflicts involve the sex impulse this does not alter this contention, for in ultimate analysis the true root of the conflict is found to be in the most primitive or regressed type of sex activity namely, Narcissism. In this latter state the sex feeling being directed to the individual himself, a thwarting of sex is equivalent to, if not identical with, a threat to the individual and one result of this latter type of stimulus is the experience of fear or anxiety. This seems to be the explanation of the occurrence of fear or anxiety as the emotional accompaniment of conflicts which are palpably of a sexual nature. Thirdly as a result of these unresolved conflicts fatigue is engendered and this will still further interfere with cortical function and so intensify the symptoms.

To return to the normal engram which subserves the fear reaction, we have seen that this is a complicated arrangement involving both the central nervous system and the sympathetic system. The function of

the latter is to prepare the body in every way for instant action, in many cases flight. In the well-organised engram which is not interfered with or conditioned by other engrams responding to simultaneous stimuli, such flight or other activity will immediately ensue. Even in normal subjects however when this immediate action is impeded by the activity of another engram say that subserving curiosity, there would appear to be a failure of discrimination and control and higher cortical centres being in abeyance there is a short circuiting at the level of the basal ganglia so that uncontrolled activity in the shape of tremor occurs. In this condition we find both agonist and antagonist muscles held in increased postural tone ready for action, but in the absence of cortical discrimination function, neither relaxes to allow the other to act. It is suggested therefore that the muscular rigidity is rather a concomitant than a causal factor of the tremor. When cases are cured by mere re-education in relaxation of the muscles we are probably dealing with a condition of phobia of the tremor as described by Meige and when the muscles are relaxed by the restoration of cortical discrimination there is also a re-establishment of control over the striate centres so that the tremor ceases and the phobia is removed. In the ordinary neurotic the fear reaction is not subserved by a well-organised engram ready for prompt response as we have seen because of his constitutional temperamental qualities, hence the cortical control is never at its best and the establishment of the short circuiting thalamic-striate, fear-tremor response is easy and frequent.

The nature of the tremor will depend on the levels unmasked in the devolutionary process of removal of control. Where cortical control only is in abeyance whether from the fear reactions in the anxiety states or from fatigue in the true neurasthenic, there will be a fine tremor simulating the toxic tremors. When striate control is removed there will be coarse tremors as in the pseudo-Parkinsonian syndrome, not uncommon in hysterics. Where still lower controls such as those of the cerebellum are removed, there will be incoordinations such as occur in organic interference with the afferent side of the prespinal arc. In addition to this however tremors will be modified by the process of conditioning. For example in the masturbatory tremor referred to above. At first two separate engrams were involved. In the first a sexual stimulus, probably ideational, set off activity in an engram which subserved certain muscular movements of the hand in contact with the genital organ accompanied by sexual feeling and finally orgasm. Secondly, orgasm acted as a stimulus to a fear reaction which being poorly organised

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easily became a fear-tremor syndrome. From being consecutive in their activity these engrams became coincident and the sex stimulus set off activity which subserved a fear feeling rather than a sex feeling and the motor activity became a masturbatory tremor. This analysis is superficial for the sake of clarity, for it omits the regression to narcissism which undoubtedly occurred.

In this way it would seem all neurotic tremors may be explained as to their nature, but the step in the argument which has not been touched upon is, what is the factor either hereditary or acquired which is responsible for the ease with which cortical control is inhibited and the thalamic striate short circuit allowed to develop? Any effort to explain this must be highly speculative, but it is suggested that irregularity in the suprarenal secretion is the factor responsible. Inhibition is generally held to be due to some biochemical change at the synapses and if we are to explain the variations in inhibitions and facilitations we must postulate a specific action of the biochemical inhibitive agent on certain synapses. Such specific action is familiar in pharmacology through the well-known actions of drugs on nerve endings. In the fear reaction it has been experimentally shown by Cannon that there is a large output of adrenalin into the blood, if this is excessive the secondary reactions of fear depending on sympathetic activity are excessive and uncontrolled and at the same time tremor occurs. This is at least suggestive that excessive suprarenal activity may result in inhibition of certain cortical control and so account for the symptoms. It may therefore be that the "failure in psychological synthesis" in the constitutional neurotic depends on an excess of suprarenal secretion in the temperamental balance and both this asynthesis and the Freudian conflict may be dependent on this, rather than the former be dependent on the latter. This may also explain the somewhat anomalous results of those who depend on exhibition of suprarenal and other extracts in the treatment of the neuroses. It is clear that if there is an inherent irregularity in this secretion there are likely to be periods of failure and over-secretion and consequently occasions when the exhibition of the extract itself or of its antagonists may work wonders in restoring cortical control. However in the present state of our knowledge there is bound to be somewhat of a hit or miss process and more exact knowledge is required as to when and for how long such extracts should be administered. Finally as to the process of cure of tremors. In general the cure of neurotics involves a restoration of full cortical function. They are enabled to discriminate, so that their table of values is re-established, they are enabled to control

so that their reactions are adapted to circumstances instead of always being of the all or none type. They integrate their experiences so that the tendency to regression and devolution is overcome. They regain the power of reference in time and space so that the affective reactions are properly oriented and are referred to actual occurrences at such and such a time and in such and such a place. In the same way in the motor system cortical control may be re-established so that striate mesencephalic and cerebellar centres are again brought to subservient function and agonist and antagonist muscles are again regulated in reciprocal activity. How this is done will depend on the case and on the pathogenesis of the tremor. Where simple fatigue is the predominant factor in the true neurasthenic rest may effect the cure. This will be the case when the patient is suffering from pure overwork or where there is a temporary conflict between the individual and a transitory modification of his environment. Shelter from his trouble till such modification has passed away may be all that is necessary. Similarly where tremor from incoordinated muscles and fear of tremor are the only abnormalities, re-education in relaxing the muscles will be all that is required. But when there is endopsychic conflict, where the personality is divided against itself then these simple methods are not enough and an emotional re-adjustment is necessary by suggestion or better by analysis and re-synthesis. The essence of the cure however is the re-synthesis on the cortical level. This may be done by the patient himself after analysis has freed him so that he is given clean bricks with which to rebuild if this analogy is permissible. Or he may require assistance in his rebuilding, but it is necessary first to make sure that his bricks are clean. At present all that can be said of endocrine therapy is that it may be a useful adjuvant in re-establishing cortical function, but so far our knowledge does not allow us to dogmatise, in spite of the handbooks which instruct us how to cure all diseases by the appropriate hormone. Perhaps it is fortunate that most of them are inert.

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THE RESPONSE OF EPILEPTIC CHILDREN TO MENTAL AND EDUCATIONAL TESTS

By J. TYLOR FOX.

A SERIES of mental and educational tests has recently been applied to school children at Lingfield Epileptic Colony. The ages of the children varied from 5 to 16 years. The average number of children resident at the Colony is over 160, but the complete series of tests were applied to 150 children (99 boys and 51 girls), and only the results obtained in these cases are considered in this paper.

The age groups of these 150 children, taken about the middle of the period over which the tests were spaced, were as follows:

Years	Boys	Girls	Total
5-6	1	1	2
6-7	1	1	2
7-8	2	—	2
8-9	—	—	—
9-10	8	2	10
10-11	10	5	15
11-12	8	6	14
12-13	7	8	15
13-14	16	8	24
14-15	23	12	35
15-16	19	8	27
16-17	4	—	4
	99	51	150

TYPE OF CASE.

An important preliminary consideration is the type of child who finds his way to Lingfield. On the Colony application form it is stated that applicants must be "capable of some education and occupation," and those who are defective within the meaning of the Mental Deficiency Act are ineligible for admission. That cases coming within such definition are not, in point of fact, always excluded becomes abundantly clear in the results obtained in the tests set forth below. There are, no doubt, several children at Lingfield "permanently incapable by reason of mental defect, of receiving proper benefit from the education in ordinary schools," and who are, therefore, properly classed as "feeble-minded." Such children would, if it were not for their epilepsy, be relegated to day

special schools for Mental Defectives, and to a large extent the Lingfield education resembles that of such schools. All the children attending school are also certified as epileptics in the following form (Defective and Epileptic Children Act 1889):

I, _____, a duly qualified practitioner, approved by the Board of Education, certify that _____ not being an idiot or imbecile, is unfit by reason of severe or frequent epilepsy, to attend an ordinary public elementary school.

It might appear from the wording of this certificate that only the worst cases of epilepsy are sent to a special residential school. But in practice, I believe, this is not so, and that certifying medical officers and local education authorities are more enlightened than their rules, and that the words "severity" and "frequency" are made a little elastic to allow of the admission of cases who would obviously benefit by institutional treatment. The continuance of a child's stay at Lingfield depends upon his being able to profit by the instruction given in our school. This means that from time to time children at the lower end of the intelligence scale are removed.

No doubt there is a large number of intelligent epileptic children whose fits are so few or so slight as not to interfere with their education at ordinary elementary day schools, but there are also many very low grade epileptics who are ineducable, and are permanently retained in institutions under certificate. On the whole it is probably fair to claim that results obtained on our children at Lingfield will approximate pretty nearly to the average that would be obtained, if a large group of epileptic children of all grades were investigated. The average intelligence of our school children is somewhat above that of adult epileptics in colonies generally.

SOME PRELIMINARY CONSIDERATIONS.

Any attempt to investigate, by standard tests or otherwise, the intelligence or educational attainments of an individual epileptic is prejudiced by the variability of response that may be obtained from time to time. To a still greater degree, any attempt to group together the responses of a large number of epileptics to mental or scholastic tests is prejudiced by the extraordinary variety of types that are found to be suffering from "epilepsy."

These two handicaps to our investigations require a little further consideration. That a child is frequently dull after he has had one or

more epileptic fits is well known. Less recognised is the fact that mental changes may often be observed before fits, or quite irrespective of the occurrence of fits. Such periods of mental change, which not infrequently show a pretty definite rhythm, affect the emotional or temperamental responses of the patient more obviously than his intelligence. But I believe that the intelligence does suffer as well, and that the memory, power of concentration, and other faculties will often show pretty wide variations. Moreover, it is unreasonable to expect the optimum response from a child who is in an irritable or even "negativistic" phase.

But apart from these rhythmic mental variations from day to day, or from week to week, there are graver, more fundamental changes in progress in the brain of an epileptic. In the vast majority of children, the mental ratio remains pretty steady throughout their school career. Once the pace has been set, the rate of mental development does not alter. This applies to mentally defective as well as to normal children; though, as Burt has shown, there is, among the former, a tendency for the ratio to get a little lower in the later years of school life. But the case is different with epileptics, the characteristic of whose complaint is mental deterioration, and a progressive narrowing of the mental horizon. In some cases this becomes manifest early, in others it is very long delayed; in some cases it is rapid, in others very slow; in some its progress is regular, in others erratic. As a generalisation it is probably correct to say that it varies with the fit incidence, but to this generalisation there are definite exceptions.

One may, perhaps, regard the mental progress of an epileptic child as the resultant of two forces. On the one hand, there is the *vis a tergo*, the push towards development and expansion that he shares in common with all growing things; on the other hand, there is the retarding and narrowing force associated with the disease. The former acts continuously and evenly, but the latter may be erratic and dependent upon fits, or other physical occurrences in the nervous system. The mental progress resulting from the operation of these two opposed forces is therefore often irregular, and, in an epileptic child, there may be wide variations in the mental ratio. This is well illustrated by the following table, which shows the alteration in the ratios obtained by the Binet Tests on 130 epileptic children in two successive years.

The table shows the wide variations in the ratio, the general tendency towards deterioration, and the very marked deterioration in over 8 per cent. of the total. Those cases showing rapid deterioration are among the most striking, and at the same time, most distressing that occur on an

epileptic colony. They are, I imagine, only comparable with those that occur as a result of encephalitis lethargica or other organic brain disease.

MENTAL RATIOS (Normal—100).

Comparison of results (1922 and 1923), obtained by Binet tests.

Gained over 10 points ...	...	...	1
„ from 6 to 10 points ...	...	...	9
„ „ 3 to 5 „ ...	...	...	19
Stationary or showing a gain or loss of			
not more than 2 points ...	...	...	53
Losing 3 to 5 points ...	...	...	25
„ 6 to 10 „ ...	...	...	12
„ over 10 „ ...	...	...	11
			130

In endeavouring, then, to group together the results of tests upon a large number of epileptic children with a view to any general deductions, we have to realise that among the children will be some whose mental progress is following a very erratic course. Thus there will be children who have developed fairly normally up to a certain age, and who are now rapidly going down hill; others, who have been kept from school on account of their complaint, but who are now making up arrears and showing an increasing mental ratio; others, whose mental ratios show seesaw variations dependent on groups of fits at long intervals; and so on.

Moreover, it is probably more correct to regard epilepsy as a disease group, rather than as a single disease. It is hardly reasonable to expect to obtain the same type of response from a child whose disease is manifested by frequent momentary attacks of petit mal so slight that they almost escape observation, as from a child who is subject to periodic groups of severe major attacks followed by profound mental and physical exhaustion. The improbability of a uniform type of response is increased by the extraordinary diversity of the etiological factors. Thus, in patients the commencement of whose epilepsy was associated with a cerebral birth trauma, or with local inflammatory or vascular lesions in early life that gave rise to a concurrent hemiplegia, one would not expect the same type of variation, whether in intelligence or temperament, from the normal, as in those where a clearly marked double neuropathic heredity was obviously the predominant factor in the causation of the disease. Yet among the 150 cases under consideration in this paper, there are several children in both these groups, and others where such diverse events as scarlatinal nephritis, air raid shock, or digestive disorders at any rate figure very largely as causative factors. This aspect of the disease could easily be further developed; but, for the present

purpose, enough has been said to show how the diversity of the etiological factors, and of the clinical manifestations of the disease, together with the variability of its course, are likely to be handicaps in such an investigation as the present one.

THE TESTS APPLIED.

These were as follows:

1. Binet-Simon Test.
2. Reasoning Test.
3. Porteus' Maze Test.
4. Reading as a Mechanical Art.
5. Reading as a Means of Acquiring Ideas.
6. Spelling.
7. Addition.
8. Subtraction.
9. Multiplication.
10. Division.
11. Oral Addition.
12. Oral Subtraction.
13. Arithmetical Devices.
14. Arithmetical Problems.

METHOD OF EXPRESSING THE RESULTS OF THE TESTS.

The result of every test was expressed in figures as a mental or educational ratio, obtained by dividing the mental age gained by the application of the test, by the physical age (in years and months) of the child at the time. The mental ratio of the "normal" child is, of course, in every case 100.

In each test, the mental ratios were then arranged in serial order, and the median figure was selected as expressing the average response of the 150 children to that test. Many children either made no correct response to a test, or such a small correct response that no mental age could be assigned to them. The determination of a mental ratio was, in such case, therefore, out of the question, and a mean figure, taking into account all the children tested, could not be arrived at. A median figure was therefore chosen, with the result that every child tested, whether a mental ratio was obtained for him or not, had an influence in its determination.

Test I. BINET-SIMON.

The Binet-Simon Tests were put to the children along the lines described in Mr Burt's book, *Mental and Scholastic Tests*. An endeavour was made to adhere to the general instructions, and to the specific directions for each test, as closely as possible. The limitations in some of the tests are undoubtedly more precise than in those in general use, with the result that, although more accurate comparisons are possible between one child and another, or between the responses of the same child at different times, the mental ages work out rather lower than would be obtained by most observers.

Among the 150 children tested in this investigation, the median mental ratio for boys is 71, and for girls 65.

The order of difficulty of the various tests was not quite the same as the standard order. Following Mr Burt's lines (*Mental and Scholastic Tests*, p. 143), a new order for epileptics was drawn up. The difference in position occupied by the individual tests in this order, as compared with the standard, were then indicated by figures, + 2 indicating that the last had moved up two places in the scale and was relatively harder for epileptics, - 3 indicating that it had moved down three places and was relatively easier. Owing, however, to the small number of children in the younger age groups, the negative results obtained in the tests for ages up to and including age 6 (tests 1-31) were so few, that any new positions assigned to those tests were unlikely to be accurate. When they have been deleted, the following table shows the differences in the order of difficulty for normal and epileptic children:

41	Six numbers	...	...	...	+ 6	65	Difference. President and King	...	0
33	Add 3 pennies and 3 halfpennies	...	...	...	+ 5	43	Nine coins	...	- 1
35	Dictation	...	...	...	+ 5	54	Rhymes	...	- 1
40	Change	...	...	...	+ 5	62	Abstract differences	...	- 1
52	Seven numbers	...	...	...	+ 5	64	Re-statement	...	- 1
50	Difficult questions...	...	...	...	+ 4	51	Gives sixty words	...	- 2
59	26 syllables	...	...	...	+ 3	60	Defines abstract terms	...	- 2
39	Date	...	...	...	+ 2	61	Folded and cut paper	...	- 2
49	Absurdities	...	...	...	+ 2	34	Difference of concrete objects	...	- 3
58	Problems	...	...	...	+ 2	53	Sentence	...	- 3
36	Reading	...	...	...	+ 1	38	Counts backwards	...	- 4
47	Sentence	...	...	...	+ 1	48	Draws two designs	...	- 5
63	Reversed triangle	...	...	...	+ 1	57	Resists suggestion	...	- 5
44	Reading and recollection six items	...	...	...	0	45	Definition superior to use	...	- 6
46	Five weights	...	...	...	0	32	Missing features	...	- 7
55	Mixed sentences	...	...	...	0	42	Months of year	...	- 7
56	Interpretation	...	...	...	0	37	Easy questions	...	- 8

Tests which epileptics find relatively harder include those where immediate memory is concerned (41, 52, 59), where written language is especially involved (35, 36), where there are difficult abstract questions

to be solved, calling for concentration and reasoning (50, 49, 58), and finally where the use of coins as in everyday life is tested (33, 40). The comparative failure under the last head is no doubt partly because our children, in an institution, do not come into frequent contact with money, as children do in ordinary life.

At the other end of the test we discover that epileptics find it relatively easier to deal with easy questions, especially where the definition and differentiation of concrete objects are concerned (37, 45, 34). Their sense of form is not so impaired as that of most of their faculties; hence their relative success in the missing feature test (32), and also in their reproduction of two designs (48), even though, in the latter case, they are handicapped by deficient immediate memory. Older memories of things learned by rote (42) seem well established, while they appear resistant to suggestion (57), though it is, to say the least of it, a little doubtful how far this test is really a measure of suggestibility. The ability to face a new situation, and count backwards from 20 to 1 comes rather as a surprise.

These differences in the difficulty of the various tests for epileptics, as compared with normal children, approximate pretty closely to those found by Mr Burt among children attending the M.D. Special Schools.

Test II. REASONING.

The whole series of Burt's graded Reasoning Tests (Ballard's *Mental Tests*, p. 90) was applied. One mark was given for each test correctly answered, but fractions of marks were not awarded. Tests are provided for each year from 7 to 14, and if a child were successful in the whole series his mental age would be 15. There are seven tests for age 7, and each correct test was therefore counted, in the determination of the mental age, as one-seventh of a year. For each subsequent year there are six tests and each test was therefore counted as one-sixth of a year. The maximum mental age in this and all subsequent tests is 15·0, and therefore in estimating the mental ratio, the divisor (physical age) was taken as 15·0 for all children who had passed their fifteenth birthday.

Six boys and nine girls failed to give a correct response in any tests. Taking these into consideration the median mental ratio for boys is 76 and for girls 67.

Test III. PORTEUS MAZE TESTS.

These tests were given in accordance with the instructions in Burt's *Mental and Scholastic Tests*, pp. 242 *et seq.*

Two boys and ten girls failed to do even the simplest test for a child

of 3 years old, and for them therefore a mental ratio could not be determined. The median ratio for boys works out at 77, and for girls 71.

It has frequently been asserted that the Porteus tests are a fairer guide to "Social Efficiency" than any other intelligence tests. It has been pointed out that temperamental deficiencies and instabilities count for a good deal in the performance of these tests. Carelessness or impulsiveness prove a heavy handicap; while alertness, the ability to plan, and to profit by mistakes are qualities that are given scope to pull their full weight. The understanding or construction of written language is ruled out altogether, while the whole test can be successfully carried out without the necessity for the child to translate a single idea into speech.

Now it is generally conceded that pure intelligence tests are of less value in estimating the social value of epileptics, than of other groups, because it is in virtue of his temperamental deficiencies and abnormalities rather than of his intellectual failure, that the epileptic finds it so difficult to take his place in society. If this is so, we should expect that this series of tests would be of especial value with epileptic children. An attempt was therefore made to compare the "social efficiency" value of Binet's tests, Burt's reasoning tests, and the Porteus maze tests. It was considered that the best judges of the social efficiency of the children would be those members of the staff who actually live with them for the longest number of hours each day. They see the children at their meals, at play, at domestic duties in the home; and cannot but notice how they behave when under discipline, and also when they imagine themselves to be free from observation and restraint. In almost all the cases, the opportunity for observation has lasted for not less than several months; in many of them it has been prolonged over years. Accordingly the following question was put to the sister in charge of the home in which each child lived:

Supposing this child never had any more fits and continued to attend school, into which of the following groups would he fall at the age of 16?

- A. Able to earn his own living under ordinary conditions, and manage his own affairs.
- B. Not so good as A, but able to live outside an Institution, and make a fair contribution, under favourable conditions, to his own support.
- C. Requiring Institutional treatment; but could do useful work in an Institution.
- D. Requiring permanent Institutional treatment, and unable to render any useful service.

[In answering this question, no account to be taken of physical defects, *e.g.* paralysis.]

As an outcome of these questions, the 150 children were divided into four grades of social efficiency with an accuracy, I believe, that is unlikely to be surpassed by any series of tests. Errors of temperament, whether slight or grave, defects of intelligence, and variability, whether of emotion or intellect, will of necessity have had their place in determining the class to which each child is assigned.

The median mental ratio of the children in each group was then determined for the Binet tests, the reasoning tests and the maze tests, and also the mean deviation from the median figure in each case. If the sisters' grouping is assumed correct, the criteria of accuracy for the three sets of tests will be (1) the orderly progression downwards of the median figures of the four groups, and (2) small and approximately constant figures denoting the mean deviations. Of these two criteria the latter is much the more important.

The results, which are striking, are shown in the following table:

Class	No. in class	BINET-SIMON		BURT'S REASONING		PORTEUS	
		Median mental ratio	Mean deviation of mental ratio	Median mental ratio	Mean deviation of mental ratio	Median mental ratio	Mean deviation of mental ratio
A	57	77	8.7	84	15.6	82	10.9
B	37	65	9.2	70	14.6	72	23.3
C	33	65	11.1	68	15.4	64	12.1
D	23	47	9.4	61	19.9	32	26.0

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It seems quite clear that the Binet tests are easily the most effective of the three in determining social efficiency, and that the Porteus maze tests are not so reliable even as the reasoning tests.

The classification by the sisters is least likely to be accurate in the case of the younger children, and, as a matter of fact, it is among them that the greatest deviations from the mean mental ratios occur. This becomes evident in the following table, from which the 45 children under twelve have been eliminated: the general conclusion, however, remaining unaltered:

Class	No. in class	BINET-SIMON		BURT'S REASONING		PORTEUS	
		Median mental ratio	Mean deviation of mental ratio	Median mental ratio	Mean deviation of mental ratio	Median mental ratio	Mean deviation of mental ratio
A	39	77	6.5	84	7.8	81	7.2
B	29	65	9.3	70	10.6	68	17.4
C	26	61	8.5	67	15.5	64	11.2
D	11	42	9.8	61	4.1	30	21.8

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These figures seem to shew, without any doubt, that the maze tests are not nearly so reliable as the Binet tests in measuring social efficiency.

Test IV. READING AS A MECHANICAL ART.

(Ballard's *Mental Tests*, p. 135.)

In this test the child reads aloud, as fast as he can, a standard series of common words, starting with words of two letters, and going on to words of three, and then four letters. There is no connection between the words; the test being designed to measure the "bare mechanical art of reading" only. The result of the test is expressed in the number of words correctly read in a minute. Ballard gives separate norms for boys and girls at the ages of 6, 7, 8, 9, 10 and 14 years. The average between the norms for the two sexes was taken as the standard figure for $6\frac{1}{2}$, $7\frac{1}{2}$, $8\frac{1}{2}$, $9\frac{1}{2}$, $10\frac{1}{2}$, $14\frac{1}{2}$ years respectively. A graph was then drawn so that a mental age for this particular test could be determined, corresponding to any particular number of words correctly read in one minute. The highest mental age obtainable was taken as 15.0 years (123 words). A child who correctly read this, or a larger number, was therefore given a mental age of 15.

Ten girls and twelve boys were unable to read, and consequently gave no mental ratios in this test. The median is 69 for all boys tested, and 70 for the girls. This is the only test in which the figure for girls is higher than that for boys, and it is interesting to note that Ballard also found, among normal children, that girls excelled in this test.

Test V. READING AS A MEANS OF ACQUIRING IDEAS.

(Ballard's *Mental Tests*, p. 147.)

A story is read silently for three minutes, and the identical story is then put before the child with a number of words left blank. The child has to fill in as many of the missing words as he can. The test, therefore, measures both understanding and memory.

Ballard gives norms for children for each year from 9 to 14. These were taken as for $9\frac{1}{2}$, $10\frac{1}{2}$, $11\frac{1}{2}$, etc., years, and a graph drawn with a maximum mental age of 15 (22 correct words). Unless a child obtained four correct words (mental age 9.0), he was not placed in this test; and it was found that 51 out of 99 boys and 30 out of 51 girls could have no mental ratios assigned to them, because they only got three or less of the missing words. In each case therefore the median figure fell among those for whom there was no mental ratio. A graph of the ratios obtained was then made, and the curve extended downwards so that the figures assigned to the fiftieth boy and twenty-sixth girl respectively could be found. Determined in this way, the median for boys is found to be 59, and for girls 58.

Test VI. SPELLING.(Burt in Ballard's *Mental Tests*, p. 157.)

A list of one hundred words is provided, graded in ten groups, each group corresponding to a year's mental age from 5 to 14. Thus if a child gets all the words correct his mental age is 15, if he gets 47 correct, it is 9.7, and so on. 11 boys and 11 girls failed to give a mental ratio in this test; the median ratio being 66 for boys and 62 for girls.

Tests VII—X. ADDITION. SUBTRACTION. MULTIPLICATION. DIVISION.(Ballard's *Mental Tests*, p. 161.)

The principle and method of application of these four tests are the same. The child is provided with a series of sums written out on a piece of paper, in one of the four processes to be tested; and one mark is allowed for each sum completed correctly in three minutes. Ballard's norms for 9½, 10½, and up to 14½ years were transferred to a graph, and a corresponding mental age determined for each number of marks. In these tests, mental ages less than 9 were not counted. Thus in addition and subtraction no mental age was assigned unless two marks were obtained, but in multiplication and division one mark gave a mental age of 9.2 or 9.5 respectively. The number of children for whom no mental ratios were obtained in these tests was large, especially in the case of girls, viz.:

				Out of 99 boys	Out of 51 girls
Addition	...	...	...	47	32
Subtraction	...	...	...	57	37
Multiplication	...	...	...	52	36
Division	...	...	...	54	37

The medians had therefore to be obtained by graphs; and while the figures for boys may be taken as approximately correct, those for girls are obviously not nearly so reliable. The median mental ratios are:

Addition	...	...	...	67	54
Subtraction	...	...	...	58	49
Multiplication	...	...	...	60	48
Division	...	...	...	65	46

Tests XI AND XII. ORAL ADDITION AND SUBTRACTION.(Ballard's *Mental Tests*, p. 187.)

A standard series of very simple sums in addition or subtraction is put to the child orally. The second sum is given as soon as the correct answer for the first is obtained. The number of sums correctly answered in one minute gives the score.

Ballard gives norms for each year from 6 to 10. By graph these were extended up to 15, and a mental age thus assigned to the number of sums correctly answered in one minute up to 40. Unless four sums in addition, or two sums in subtraction (mental age 6), were correctly answered, no mental ratio was assigned. This applied to 12 boys and 22 girls in addition, and 13 boys and 11 girls in subtraction. The median ratios are as follows:

				Boys	Girls
Addition	...	...	...	73	66
Subtraction	...	...	...	70	63

Test XIII. ARITHMETICAL DEVICES.

(Ballard's *Mental Tests*, p. 190.)

The test aims at finding out how many of the commonly taught "rules" have been mastered. If the child shows that he knows the rule, he counts the sum right, even if he has made a slip in working. There is no limit of time.

Ballard's norms for ages 9-14 were graphed, with the result that one correct sum gave a mental age of 9.7 and ten sums a mental age of 14.9. 54 boys and 35 girls were not placed in this test; the median ratio therefore had in each case to be worked out by graph. Thus determined, it is 63 for boys and 57 for girls.

Test XIV. APPLIED ARITHMETIC PROBLEMS.

(Ballard's *Mental Tests*, p. 193.)

A standard series of arithmetical problems are put before the child, who has to work out as many as he can without limitation of time. Every problem solved by the right method counts one mark, and Ballard's yearly norms range from 9 to 14. Mental ages were determined by graph. 41 boys and 32 girls were not placed. The median figure for boys is 76, and for girls, as obtained by graph, 50.

GENERAL RESULTS.

The general results of the tests may be summarised in the following table; the figures in every case being median mental or educational ratios, the normal ratio of 100 having been determined, not by any theoretical considerations, but by actual experiment on a large number of children in ordinary schools.

Intelligence Tests:

							Boys	Girls
1.	Binet-Simon tests of general intelligence, as standardised by Mr Cyril Burt	...	...	...	...	...	71	63
2.	Burt's reasoning tests	...	...	...	...	...	76	67
3.	Porteus' maze tests	...	...	...	...	...	77	71

Educational Tests:

	Boys	Girls
4. Reading as a mechanical art. A series of unconnected words read for speed and accuracy. (Ballard)	69	70
5. Reading as a means of acquiring ideas. Understanding and remembering the words and ideas in a narrative read silently. (Ballard)	59	58
6. Graded spelling test. (Burt)	66	62
7. Addition (silent): number of correct processes in three minutes. (Ballard)	67	54
8. Subtraction: ditto. (Ballard)	55	(49)
9. Multiplication: ditto. (Ballard)	60	(48)
10. Division: ditto. (Ballard)	65	(46)
11. Oral addition—no reading required. No. of correct processes in 1 minute. (Ballard)	73	66
12. Oral subtraction: ditto. (Ballard)	70	63
13. Arithmetical devices. Test for knowledge of rules and methods. (Ballard)	63	(57)
14. Applied arithmetic, i.e., problems. (Ballard)	76	50

Some guesswork has been involved in arriving at the figures in brackets, and they are consequently of less value than the others.

In view of the considerations brought forward earlier in this paper, it is important to avoid laying too much stress on these figures. There are certain deductions, however, that can obviously be made:

1. The general superiority of boys, especially in arithmetic and tests where reasoning is required (2 and 14). The only test in which the girls are superior (4) is largely a mechanical one.

2. The tests for general intelligence (1–3) give better results than educational tests. Many of our children have, before admission, had long periods without attendance at school; and the type of education at Lingfield is less “bookish” than in ordinary elementary schools.

3. The marked difference between the results in tests 4 and 5 shews the failure in concentration and recent memory.

4. It is lack of concentration, too, that probably accounts for the poor results in written arithmetic (7–10) as compared with oral arithmetic (11 and 12).

5. Generally speaking the failure follows the same lines as that which occurs among mentally defective children; an observation which is confirmed by the analysis of the responses to the Binet-Simon tests.

Beyond these generalisations, it is probably unsafe to venture. Further investigations into the response of epileptics to intelligence or educational tests should probably follow one of two lines:

1. The comparison of the response of different groups of patients, classified according to etiological factors or the clinical manifestations

of the disease. For such a comparison to be of value, a very large number of patients would be required.

2. The study of the progress of individual cases over a prolonged period of time. This would give the opportunity of seeing how far it is possible to correlate the mental progress with the course of the complaint.

A CHILD STUDY

By M. N. SEARL.

WE believe that close study of any one child and more superficial study of many will clearly demonstrate to the unprejudiced the existence of those factors and mechanisms for calling attention to which the world has not yet forgiven Freud. But it does occasionally happen that a particular child as a result of particular qualities, whether innate or developed by circumstance, will exhibit with unusual clearness and quite unmistakably what in others will only be discovered by careful investigation. This careful investigation is to the critical always open to the objection, however unwarranted, that a certain amount of suggestion or misinterpretation has been applied by the investigator; therefore cases in which this has been demonstrably absent and which yet give the same results have an especial value. Of course any such case will be open to the further objection that it may be an exception, or the child abnormal; and since a definite standard of normality is out of the question, this can be made an almost unassailable refuge for the unwilling-to-be-convinced, only to be weakened objectively by the steady accumulation of confirmatory results from children whose normality would not otherwise be called in question.

It was my good fortune to come into rather close contact with such a child for some weeks; and while to those acquainted with analytical theory I can offer nothing in any way new or unexpected, the clearness of material in one or two directions may prove of interest even here.

Any question of giving anything in the form of analytical treatment, even to the mild extent of dealing with childish ignorance and curiosity as to the facts of birth, was ruled out for two reasons: first, that I happened to know that the mother wished herself to give the child all the information she deemed necessary, and was intending to do so shortly; secondly, and this a very considerable drawback, neither the child nor I could speak the other's language, and our communications had to be in the medium of a third imperfectly known to us both. I felt incompetent to deal with delicate subjects, however simple might seem the opening, where I might at any moment be held up for lack of a word, or worse still, give a wrong impression by choice of a wrong one. This

fact enables me to vouch more definitely than is usually possible for the entire spontaneity of the material. But in another direction there was no such gain to balance the loss. This was in connection with the child's wealth of phantasy about gifts, getting a baby, cruel treatment, saving the mother by providing her with money, etc. While in an ordinary conversation I could follow without any fear of misunderstanding, it was another matter when she was mastered by the joys of narration and poured out her little soul in a quick stream of phantasy-production; further, though this was of far smaller importance, want of familiarity with her literature made it impossible for me to tell to what extent the tales she had been told provided the form of her phantasies, or had been worked over and elaborated by her. Thus to my great regret I had to leave practically alone one of the most promising fields one could wish for enquiry into the treasures and working of the child-mind.

T. was a very quickly intelligent little 6-year-old Scandinavian of good family, whose delicacy of feature, fair hair and blue eyes gave some promise of the later beauty she so ardently coveted, and which her 18-year-old step-sister possessed in such high measure. Jealousy of this sister, spontaneously charming and carefully admirable in all her ways, was a big factor in little T.'s psychology, well hidden as it was at first. She of course enjoyed an intimacy with the mother denied to the small child, and equally important, the big sister's father was still living, though they only saw each other occasionally, while T.'s had died when she was only three years old. (This fact of her mother's divorce naturally added to the difficulties and complexities connected with "marriage" and "husband.") In contests with the sister for the attention of the mother and of desirable visitors little T. always came off second-best. It was after a stormy fit as the result of such a failure that she recounted to me how once a beautiful angel had come to visit her in a garden and had said "Little T., I have come to see you because you are such a good little girl." On enquiry, the detailed description furnished of the beautiful angel provided a most accurate picture of the big sister. The circumstances made the conclusion irresistible that a beautiful sister as an angel away in heaven, paying only occasional visits to earth, and then in order to commend the small child, was a much more manageable conception than the actual state of affairs. This ambivalence of feeling is, of course, a far from negligible factor in the formation of all heavenly hierarchies.

But in spite of occasional outbursts, storms of tears and temper nearly always similarly provoked, T. was markedly a happy good child,

content to play for hours by herself in a rather lonely type of existence, with very scanty outlets for her quick eager faculties. Indeed, if normality be a result of a power of adaption to reality, whatever that may be, T. was quite outstandingly "normal." For one of these rebellious fits there were scores of times when after a series of delicately persistent attempts to attract the attention so ardently desired, she would recognise their futility, and turn definitely and happily away to other more promising fields, in another room or the garden. Unfortunately, this seldom meant the possibility of turning to other people or children, but a constant throwing back on herself. This was even more marked in the mornings, when in order not to disturb her mother in whose room she slept and who at that time seldom rose before 11-12 o'clock, she was obliged to busy her little mind with phantasy if she would keep herself good and quiet. After such late rising it was natural that sleep would not come at her 7 o'clock bed-time, and once again activity of thought-processes had to take the place of the forbidden motility. I do not think this almost enforced over-occupation with her phantasy-life can be held to be the only reason why in her case the setting in of the latency period seemed delayed—there were certainly others. But one can plainly see how the strength of the ego-ideal (she tried so hard to be "good" in these directions where her charming mother was closely concerned) made the phantasy-life a necessity—it was the only possible compromise between reality and wishes.

I have never met a child more eager to learn—she was happy as long as she could be gaining fresh knowledge, which also meant gaining in the process the attention of some grown-up. Her already keen interest in speech was fostered by the fact that her chief opportunities for learning were in connection with languages, and of these she made full use. Here again additional factors were concerned—those connected with emulation of the mother and step-sister, who spoke many languages, and at times used a foreign tongue to keep their conversation private from the quick ears of the small child: not only must she know as much as they in this one direction of speech, but also she must by knowing make of no avail their means of preventing her from acquiring other knowledge they shared in common. How frequent and how powerful a concomitant of other factors is such a situation in developing a love of languages has already long been evident to those whose study of the adult mind is genetic in character. Indeed, the whole question of vocation and its connection with infantile traits and opportunities for their sublimation was brought vividly to the foreground with this child; more especially

so in connection with the provision of opportunity at the *right moment*; and tantalisingly so since one could, of course, never say with certainty what would have been the difference had this provision been made. For us, mere impressions are of slight value, but certainly in quite a few months I thought I detected an alteration in the direction of her interests. When I first knew her, one of her keenest wishes was to go to school, of course as much for the companionship she lacked as for instruction. Once, for 4 or 5 days in succession she fed me each afternoon with detailed accounts of her introduction to school life for an hour or two each morning—told, and illustrated with drawings, street, direction, time, what they did, who was there; in fact, built up a complete picture of school-hours in which children learnt by means of games, were taught by a kind lady who insisted that they should call her “sister,” and who rewarded them with cakes and sweets—interesting facts for educationalists. It was, of course, plain that phantasy was playing a large part in all these accounts, but I confess that at first I had no suspicion of the true state of affairs—that from beginning to end there was phantasy and only phantasy, and no question of going to school at all. The place of phantasy in the service of the wish needs no emphasis here. But the point to which I do want to draw attention is my impression that only a few months later the keen edge of the wish to learn facts was somewhat blunted, and that her interests and phantasies were more closely connected with physical self-display than formerly; now she wanted to be trained as a dancer, and her phantasies ran thus: “A man stopped me in the street and told me I had the most beautiful hair he had ever seen”; a phase probably, and a natural one where her looks were noticeably improving, and she was actually gaining more notice than ever before from her sister’s many admirers; but it opens up this query among others—whether with all children there may not be a high-tide of sublimation-possibilities for particular trends, which, if opportunities are then lacking, will never again so easily reach their full development. In any case the shifting of the picture was interesting enough; one felt the disappearance of the likelihood of a scientific career, and if one ventured on the hazardous path of prediction, one would say that her intense and prolonged absorption in the phantasy world could only work out satisfactorily and be socialised in the sharing of it with the world as a fanciful writer of some description. But life with its enormous possibilities is apt to make short work of such predictions—they have no value beyond the suggestive.

This desire of the child’s to “know” was in clear connection with

her intense interest in birth, marriage, etc., as, of course, was its converse, her phantasy-life; the transition from the one to the other being made with the greatest possible ease and frequency. She knew no letters and I had no time to teach her, but she would busy herself for half an hour at a time picking out of a mass of unintelligible printing one small word such as "und" with which I had made her familiar. To that would follow some such incident as the following, when she turned to examine, not for the first time, a small mole on my neck. "Baby," she suddenly enunciated. I asked why, and she proceeded to tell me a long tale as to how it must be powdered every day, and it would grow and grow, and at last one would scratch it off, and in the end it would be a real baby. For reasons already given, my only comment to this was that I had always had the mole, and had never had a baby. She said: "No, it wasn't quite the right sort, it ought to be bigger," and dropped the subject¹.

As I have before indicated, T. offered extraordinarily rich material in her long involved tales about how to get a baby—sometimes it would be by the uttering of magic words by a particular tree, when an angel would appear and promise her a baby as a reward for being good. At other times there would be stories of wanderings in a forest, of finding a big basket full of all sorts of nice things, generally with some suggestion of a baby at the end, but unfortunately I can only give the general trend.

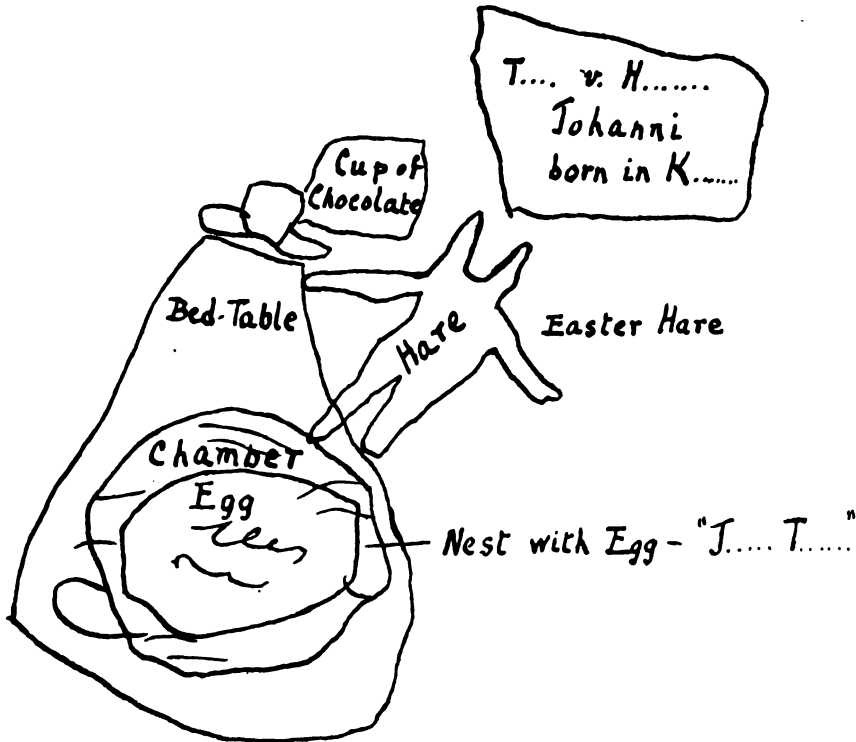
In this same connection one would put her great longing for presents, which not even her desire to be good could always keep in bounds—presents of any and every sort and description, from a half-dead flower or a pretty leaf to the baby she so often mentioned. Here is an incident which throws that and other traits into strong relief: she had often begged me to give her my engagement diary, to which she had taken a great fancy. One evening I came in and missed it, was of course suspicious, but searched everywhere. T., in bed but awake, hearing me, began a shouted conversation through the closed door between the two rooms, and at length informed me that she had stolen a book of mine. I went in, told her that books must not be taken out of my room while I was away, that of course I shouldn't scold, but that I must have it. She said she had hidden it, and we turned the finding of it into a game of "hot and cold" into which she entered enthusiastically. In the middle she brought out a phantasy of a man who had once made her a present of

¹ For the connection between scratching and production of a baby, this time from a berry, cf. *International Journal*, vol. III, Pt 2, "A Child's Birth-Myth Story," by S. Herbert.

all, *all* his books and everything—a man, be it noted. The book was found with her in bed, as I expected. As I took the book away she was laughing, and I kissed her goodnight—an unusual caress between us: she was very undemonstrative to women, very demonstrative to men. Probably, after the phantasy about the man, this was too much a mother-attitude on my part: in any case, it loosened the springs with extraordinary suddenness, she began to cry stormily, seized the cup on the table, made as if she would throw it at me or on the ground, then insisted vehemently that I should take it and put it on the floor, and, still crying bitterly, told me to go away. The anger against the mother for taking away the phantasied gift of the father could hardly be more plainly shewn than in this seizing of something so symbolical as a cup—which we shall find later used with equally clear symbolism. Seeing the intensity of the struggle and the partial success of the effort of self-control. I went. In two minutes she was again calling out to me, and telling me she had something else of mine. She poured out a long tale, which I believed pure phantasy, of having picked up from under the wash-stand a ring of mine which she had kept. I said, very well, it could wait till morning, and then we would talk more about it—and made a move to leave. For once coming to the end of her phantasies, in a frantic effort to find other means of keeping me, she dashed to the bed-table, asked if I had “gross gemacht” on the “toilette” to-day; if not, I must have two of these little black things, shewing me a box of pills; she pressed them on me with the greatest insistence, in spite of my assurances, and again I left her. In another minute she was calling out to me that she had taken something else of mine—a half-dead hyacinth from my wash-stand, which I had supposed removed by the maid. So that the tale of the ring did cover an actual small theft, and was apparently told in order to draw down a reprimand. This, if given, would in all probability have satisfied her sense of guilt, and the real incident have remained untold. Further, it was the approach to actual fact which stopped the imaginative flow. The mechanism of a compulsion to phantastic lying on the one hand and kleptomania on the other could hardly be clearer, and are in complete agreement with the work that has been done on this subject. One notes too the possibility of the identification with the mother, in her insistence that I should be treated as she was, just as soon as some of the negative to the mother had been abreacted—that identification with the parent of the same sex which is the regular method of overcoming the rivalry situation, and which is perhaps only possible when the burden of repressed negative is not too great. In fact, this seems

to me one of the most illuminating points of the whole incident—the possibility of the change from the “I-instead-of-you” attitude with its attendant anger and guilt to the “You-and-I,” “I,-like-you” attitude with its reconciliation.

The diary incident had not yet reached its end. When I came in next day, at a time, when I had promised to have T. in my room, I saw at once, and she herself drew my attention to the fact, that she had again taken my diary; she added “and your birthday book too.” The latter



was untrue but significant. Reminded of what had been said last night, in a quite unusually demonstrative manner she threw herself across my lap face downwards, and without the least sign of repentance asked me to “smack her on her popo.” Previously, when asked why she had taken my book again, she had said “because you are so funny,” which vanity or something else made me believe to mean “because you don’t scold as I expect.” I took up her demand, and said “she wanted to make me cross with her, didn’t she?” “Yes,” at once. “But I wasn’t cross

because I knew how badly she wanted the book," etc. As an outcome of this conversation, she walked quietly out and brought me back the book without a word and without the least embarrassment. This attempt to establish relations with a love-object on the basis of her masochistic tendencies and anal-erotism was repeated on another occasion.

The fuller meaning of the dash to the bed-table, of her interest in the daily functions, of the cup symbolism, when the object she desired as a gift was taken away out of her bed, is shewn in the accompanying unusually clear drawing. I was too busy one day to give her the attention she wanted, but she contentedly borrowed pencil and paper, left my room, and came back a little later with the drawing. I, of course, looked at it with interest, asked what was this, that, and the other thing, and began writing the names she gave by the side. She seized the pencil herself, drew the rough squares by the cup and the hare's head, and told me what to write inside. Description is really redundant. The cup of chocolate on the bed-table, the chamber inside, the egg inside the chamber, with marks on it indicating her own name (whether here signifying identification or possession, probably both) the Easter hare who has just laid the egg and who is labelled again with her own name and the added remark "born in K." give a child's phantasy of birth, faecal birth, as plainly as could be desired.

It is noticeable that the hare is drawn without a tail—surely some indication with which other traits well agree, that the child had at that time no big quarrel with her femininity, whatever her other difficulties.

Her attachment to the father-imago was intense; as I have said before, the situation was complicated by the fact that while her own father died when she was three years old, beautiful big sister had a father, and further, numerous father-substitutes in the way of men-friends and lovers. Quite pathetic were the efforts of the child to attract these latter to herself, and her joy over any small gifts they made her. Undemonstrative to me and all other women, for them she was all tenderness and cajolery and caress. Once while playing in my room, she cut a figure out of paper; I saw her making it kneel, and asked what it was praying. "God, that my father may not die," she burst out with a fervour in strange contrast with her play, before and after. The intensification of the father-imago uncorrected by a reality situation was clear in all the strength of longing for and varied talk about a father—probably increased by reaction to unconscious negative.

I cannot better end this short sketch than by giving a child's presenta-

tion of the Oedipus situation in a form that might, one would think, make it lose its worst terrors for even the most prudish. . . .

"You are married, aren't you?" T. asked me one day.

"No."

"But you *are* married?" with intense surprise.

"No."

"But you were *once* married"? with an air of certainty.

"No."

"But," triumphantly, "you have a father, and that *is* being married."

REVIEWS

Ethics and some Modern World Problems. By WILLIAM McDUGALL, F.R.S.,
Professor of Psychology in Harvard University; Formerly Reader in the
University of Oxford. Methuen & Co., Ltd. Pp. xv, 240. 1924. Price,
7s. 6d.

This book, Professor McDougall tells us in his preface, may be regarded as the ethical supplement to his well known earlier psychological study of *The Group Mind*. In some ways also it continues the line of thought initiated in his more recent *National Welfare and National Decay*. Psychology, however, plays only a minor part in the present volume, which does not therefore strictly call for any very extended notice in this journal (especially since *National Welfare* has already been reviewed at length, vol. II. p. 313); representing as it does, however, the ethical and sociological views of one of the foremost English speaking psychologists, some indication of its contents will assuredly be of interest to our readers. Starting from the position that it is inadmissible to draw any sharp distinction between ethics and politics, McDougall develops as his main thesis the view that our civilisation has developed on a dual ethical basis—the system of Universal Ethics and National Ethics respectively. (In the interests of philosophical clarity, it is to be regretted that the relationship of these two systems to certain other important ethical or political systems—such as those of Aristocracy and Democracy, and those of Egoism and Altruism—is not considered more in detail.) These two systems have never been harmonised: they are rather in perpetual conflict with each other. Moralists have, with a very few notable exceptions, advocated the former system, while politicians nearly always act upon the latter. The plain man gives lip service to Universal Ethics, but acts according to “common sense,” which in many vital respects (especially in the field of politics) coincides with National Ethics.

The great need for political and sociological thought at the present moment is a synthesis of the two systems; for it is clear that a perpetual moral struggle between two widely divergent tendencies is no more healthy for communities than for individual minds; the failure to recognise the inevitability and (within certain limits) the perfect ethical justifiability of the tendencies expressed in the system of National Ethics is in many respects comparable to the inability to appreciate the existence of deeply implanted instincts that is found in mental disease. In both cases a partial and only moderately successful repression of those aspects which do not harmonise with the explicitly accepted standard of morality may lead to upheavals—upheavals which in the case of societies take on the ever increasingly disastrous form of war. The peril to civilisation that may come from a temporary or exclusive predominance of National Ethics has been made sufficiently clear by the Great War. That a similar predominance of Universal Ethics (could it be consistently applied) would in the end be equally disastrous is a proposition which is perhaps not so immediately obvious, but which—McDougall believes—is capable of satisfactory proof, and a portion of his work is accordingly devoted to indicating how all attempts at a consistent and exclusive resort to Universal Ethics are found to lead to the degradation and eventual break up of civilised society.

The consistent application of Universal Ethics logically implies a replacement of the present independent nations either by anarchy or by a cosmopolitan state. Anarchy being dismissed as obviously unworkable (the reader who has any doubts on this point is referred to *The Group Mind*), it is maintained that a cosmopolitan state is inferior to a number of independent national states (1) in that it is too big and heterogeneous either to permit of easy identification of the interests of the state with the interests of its component members or to admit of satisfactory government by the methods of representative democracy, (2) in that it lacks the stimulus of competition, and the advantages afforded by variety and specialisation.

These disadvantages of the cosmopolitan state spring from the very nature of man as a social being and must be admitted to exist even though we hold the dogma that "all men are created equal." But as a matter of fact this dogma is very far from being true, and the most severe indictment of Universal Ethics is that it would tend to increase the proportion of less able members of the population. The argument here follows on the whole the lines adopted in *National Welfare and National Decay*, with the important substitution, however, of an international for a national point of view—a substitution which makes this portion of the book of great interest even to those who are already well versed in eugenic theory.

Since therefore the claims both of Universal Ethics and of National Ethics must be taken into account, what steps are possible towards the production of a satisfactory synthesis of the two systems? In the light of the previous discussion it would seem that any acceptable suggestions towards this end must give due recognition to two essential conditions, (1) the persistence of nations as the bearers of culture, (2) the maintenance at a high standard of the native qualities of each nation. Bearing this in mind, two main "precepts" are enunciated; (1) that democracy must be of the representative type, i.e. government must be carried on by an aristocracy representative of the best tendencies of the democracy and responsible to the whole people; (2) that Internationalism rather than Cosmopolitanism is the desirably world order. Coming to more definitely concrete proposals, it is suggested that the citizens of any state shall be divided into two main categories—the *A* class of those who have the rights and duties of full citizenship, and the *C* class of unenfranchised citizens, the latter comprising the mentally deficient, convicted criminals and the illiterate.

This expedient would, McDougall thinks, solve many of the more strictly political problems of democracy. To deal with the eugenic problems it is proposed either that intermarriage between the *A* and *C* classes be prohibited, or (and this seems the preferable and more practicable course) that an intermediate *B* class be instituted. The children of *A* couples would then belong automatically to the *B* class until such time as they had qualified themselves for admission to the *A* class. The children of *C* couples would first have to qualify for admission to the *B* class, and would be eligible for entry into the *A* class only after a further period of probation. Objectionable as these suggestions might seem to those imbued with the ideals of "ultra-democracy," McDougall maintains that they are more just and more reasonable than the franchise restrictions (based on race, age, sex, etc.) such as actually exist in many countries.

In this book McDougall is more definitely Malthusian in attitude than in *National Welfare*; he is fully alive to the great importance of the purely quantitative aspects of the population problem, and considers that each nation

will have seriously to undertake the task of the deliberate restriction of its population. Unfortunately he does not give us any concrete proposals as to how this restriction is to be effected. "It is obvious," he says, "that a wise social regulation would aim at and would know how to secure through the agency of custom, of social institutions and, if necessary, of legislation, a restriction of reproduction among the citizens of the unenfranchised class—a restriction as severe as the circumstances of the time may demand." This is hopeful, but too vague to be very helpful. Perhaps, however, in a future work McDougall may be induced to treat the quantitative problems with the same thoroughness as he has already treated the qualitative (eugenic) problems in *National Welfare*. These problems abound in difficulties both of a sociological and of a psychological order, as the present reviewer has endeavoured to show elsewhere in this journal (vol. II. pp. 225 ff.) and are well worth careful and detailed consideration at the hands of the social psychologist.

What is at once the most novel and the most daring of McDougall's proposals is reserved for an Appendix—an appendix which is very boldly entitled "Outline of the One and Only Practicable Plan for Bringing about the Disarmament of Nations and the Reign of International Justice." It is here maintained that the two chief obstacles to the successful working of the League of Nations (or any other similar body) are (1) the question of how the different nations are to be represented, (2) the question of how the League is to be provided with adequate sanctions. The first of these difficulties may be met, McDougall suggests, by allowing representation to each nation on the basis of its expenditure on education (which is indicative both of its cultural and economic status). The second and greater difficulty could be met by an international agreement to prohibit all national ownership of aircraft. A small but highly efficient international air force under the sole control of an international authority could then, without difficulty, enforce the decisions of that authority upon any recalcitrant nation. The scheme is fascinating in its simplicity and daring, and undoubtedly deserves careful study. It is earnestly to be hoped that, as McDougall suggests in his preface, even those readers who do not care for the philosophical discussions contained in the earlier part of the book, may nevertheless be interested in the practical suggestions contained in this appendix.

A second appendix is devoted to a consideration of post-war Anglo-French relations; the attitude of France being sympathetically dealt with. The book ends on a sinister note, calculated to enforce the great and immediate urgency of the problems that have been treated. "Thus Labour and Finance," we are told in the concluding words, "are combining to create in France a state of feeling which at any moment may send a thousand air-planes to destroy a defenceless London."

J. C. FLÜGEL.

The Appearance of Mind. By J. C. MCKERROW. (Longmans, Green and Co. Pp. xv + 120.) Price 6s. net.

Aberrations of Life. By J. C. MCKERROW. (Longmans, Green and Co. Pp. 107.) Price 6s. net.

In these two books the author develops what is really a theory of the behaviour of organisms. The first book contains an account of the theory and the

arguments supporting it; while, in the second, the theory is applied to the consideration of certain physiological and psychological abnormalities.

Briefly, the author attempts to show that "Mind," *i.e.* the "Subject" of psychological theory, is not a reality, but must be replaced in our conception of reality by an "Immaterial Principle" as he terms it, though it is really a law (in the scientific sense), namely, "There is a tendency (in organisms) towards Viable Equilibrium" (p. 4). "Viable Equilibrium" is explained as meaning the equilibrium existing between a bio-chemical reaction (*i.e.* the reaction of an organism) and its conditions. "Viable" = "able to live" (of the organism), and "supporting life" (of the conditions).

I think that, with this definition of "viable," the law of tendency towards viable equilibrium is little (if anything) more than a tautology. But, if we grant that it has a more significant content than this, it becomes necessary to determine whether the author has really succeeded in substituting it for the concept of "Mind" or "Subject" and in showing the latter to be devoid of reality.

The argument proceeds in a somewhat rambling fashion; but, if the original premises were granted, many of the succeeding statements would be true. Unfortunately, however, the author appears to confuse throughout his work two very different things, namely the ability to *describe* the behaviour of organisms without explicit reference to a "Mind" or "Subject," and the ability to dispense altogether with the concept of mind in a theory of the ultimate nature of the universe in which the behaviour of organisms is one type of manifestation.

For example, in a discussion of the association of ideas it is asserted that two ideas are "made contiguous, associated, not by a Thinking-Subject, but in accordance with law." But to say that two ideas are associated "in accordance with law" is merely to say that, as a matter of fact, two ideas which have once occurred in contiguity frequently occur again in contiguity. This does not help us much—it gets us no further than the observed fact, and it is quite irrelevant to the question whether this fact is rendered more intelligible, both in itself and in its relation to other facts, by the hypothesis of a "Thinking-Subject."

The subject may or may not exist, but you certainly cannot dispose of it by saying that the facts which it is called upon to render satisfactorily intelligible take place "according to law."

I do not, of course, wish to imply that there is nothing more in the author's argument than this, for quotations torn from their context are always liable to give a false impression of what they were really meant to convey; but I do mean that the author is far too ready to dismiss respectable psychological (and metaphysical) concepts by facile reference to "tendencies" and "laws" which, unless we are content to regard them as mere descriptions, themselves raise just the kind of difficulties which these concepts have been employed to surmount.

In criticising the reasoning of Descartes (which, if valid, would be fatal to his theory) the author takes refuge in that fact which seems to afford such curious comfort to many modern thinkers who are trying to get rid of mind from the scheme of things—the fact that, if we look for a Knower or Thinker, *i.e.* an Agent, we cannot find it, we can only find Activity. But the plain answer to this is that if there be an Agent it is, *ex hypothesi*, not the kind of entity which could be discovered by searching, *i.e.* by careful observation of phenomena. The fact that it cannot be so discovered is therefore irrelevant to the question of its real existence, which can only be settled by the consideration of quite a different order of facts which it is unnecessary to discuss here.

The author's position is really summed up in a statement which appears on page 28 of *Aberrations of Life*. He says here that "organisms are not Persons attending to what they are interested in, they are bundles of appropriate tendencies-in-respect-of changes, 'objects,' 'signs.'" This position is not a new one; and it comes to life at intervals though it has frequently been flogged apparently to death. The question is whether the existence of tendencies in such remarkably unified "bundles" can be made any easier to understand by means of some such concept as the "subject." It is so very difficult to give any meaning to the notion of a mere "tendency" *per se*. Surely there must be some entity which *has* the tendency; and you cannot replace this entity entirely by the tendency in a substantial explanation (as distinct from a description of the facts).

I have not considered these two books in detail. There is much in them that is interesting, and few people would be disposed to quarrel with most of the author's descriptions of psychological and physiological facts. But detailed consideration is unnecessary here, for the author's main contention stands or falls on general grounds; and, as I have attempted to show, I do not think he has in any way succeeded in establishing the thesis which he set out to demonstrate.

C. A. RICHARDSON.

Love in Children and its Aberrations. By OSKAR PFISTER. Translated from the German by Eden and Cedar Paul. London: George Allen and Unwin. 1924. Pp. 576. 24s. net.

The intention of this large volume is to "make the assured and fruitful results of the modern study of unconscious mentation, and of the importance of the unconscious in mental development, accessible to the general reader...in as popular a vein as the subject permitted....It is intended to show the general relationships of the development of love, to explain how desirable ends can be attained, and how necessary changes can be effected. My aim is to induce parents to conceive their educational tasks in a very different way from that demanded of them by the exponents of the traditional science of education." The author rightly says that this is a difficult task on which he has embarked; and we in our turn can say that it is a task on the whole well achieved. Although popular, it is weighty and serious in presentation, and shows very clearly how difficult the business of getting properly educated is, and how complicated and delicate the process of normal emotional development. We are introduced to the subject by a survey of the history of the problem of love, and of love in children as treated in educational science; and then carried on through a study of the normal and abnormal development of love, of formative forces and experiences, to the training of love in children and the treatment of love's disorders. The author's wide and varied experience as an analyst and a pastor are drawn upon for a wealth of illustrative material at every point, and the discussion of the educational aspects of the problem reveals his practical wisdom. It would perhaps seem an ungrateful task to offer criticism of so solid and dignified a popular volume; and yet we could wish it more solid, from the point of view of psychological science.

For it undoubtedly suffers on the theoretical side, not merely from the limitations imposed by its popular character, but from the almost passionate desire of the pastor to make clear the ethical value and significance of psycho-

analysis. We are constantly hearing of "higher interests," and "higher powers," but we are not shown what is their source, nor their relation to the "lower" sensual desires. After all the broad discussion of "Love" we remain clouded as to what relation "love" bears to sexuality, and "parental and filial affection" and "the love of God" to sexual love, no use being made of the concept of erotic impulses which are 'inhibited in their aim' (zielgehemmte). Although we are given a clear summary of much of Freud's sexual theory, with verbal approval, we cannot help feeling that it has not been fully assimilated into the inner texture of the pastor's thought about love relationships. We are expressly told that "psycho-analysis does not claim that it is competent to remedy all the aberrations of the love sentiment"; and we have the impression that the over-anxious repetition of apologetics of this type are an index of failure to deal with the "higher" impulses in strictly psychological terms.

One other serious criticism must be made. Reading through the case after case described so dramatically to illustrate the various points of the discussion, one would undoubtedly get the strong impression, if one did not already know better, and know that the author must know better, that the mechanism of the psycho-analytic cure was to "make clear the meaning of" the symptoms. Such a passage as the following shows an altogether too intellectualistic interpretation of the therapeutic processes, an interpretation that is only too misleading to the general public, and leads not only to misunderstanding, but to malpractice. "The aim of the analysis was to show the patient the historical origin of his symptoms;...to show him what in his youth he was giving expression to and aiming at; I had to disclose to him the nature of his hostility to the teacher, the unwholesome and cruel attitude of mind that led him to call up the haunting spectre of this teacher as the devil. But also I had to prove to him that his anxiety, which led him to play the timid child, had as its aim to save him from the energetic utilisation of his powers, and thus to secure a gain out of illness. I had to bring into light these unethical manoeuvres against the teacher and himself. When this had been done, the patient's own moral judgment set to work, and made him abjure such conduct...." That this is the author's general view of the dynamics of the cure is the impression one gains, an impression which is not lessened by the direct discussion of "The Concept and Aims of Psychoanalysis" on pp. 513 *et seq.* Not until later, p. 533, do we come upon any important recognition of the function of the transference in the process of analysis. On p. 534 Dr Pfister straightforwardly admits that in his earlier writings and his earlier practice he did lay too much emphasis upon the intellectual interpretation of symptoms, and overlooked the analytic significance of the transference. One cannot but respect such honesty and elasticity of mind; and yet, even the statement here is not entirely adequate to the matter under consideration. Even in a popular book, it should be possible to make clearer the detailed psychological processes that occur during the course of analysis, leading to the "cure"; and especially, the all-important function of the transference, since it is with regard to this that so much misunderstanding is found, not only among the people who have just heard of psycho-analysis, but also among its serious critics, and especially among semi-qualified practitioners. It is, moreover, a matter of first-rate importance for all educational problems, since, as the recent work of Freud has shown, it affords the key to the formation of the "ego-ideal," and therefore to all "moral" development and social psychology.

SUSAN ISAACS.

The Daydream. A Study in Development. By GEORGE H. GREEN, B.Sc. (Lond.), B.Litt. (Oxon.). London: University of London Press, Ltd. Pp. 304. With Diagrams. Price 6s. net.

Mr Green's previous contribution to educational psychology is such as to demand the most respectful consideration and to justify high expectations.

"It is customary to say in these days that we are just beginning to know the minds of children. We probably boast too much. We forget, as we reach one stage, what the former was like. And such forgetting is necessary to progress, which must look to the future rather than to the past; considering that all of the past that matters is embodied in the present. We are perhaps learning that if we want to understand children—something that is perhaps not really necessary, except in the case of parents and teachers—we must go to the child himself and consider his acts and sayings apart from our own prejudice" (p. 289). This possibly indicates the point of view from which Mr Green approaches his subject.

In the *Daydream* Mr Green studies phantasy, both in the child and in the adult, as a typical product. He rightly regards as the chief determinant of the phantasy the stage of emotional development of the dreamer. He offers a very valuable formula for the recurring theme—"by the help of persons who admire me, and who are placed in a position to assist me, I am placed in an advantageous position."

Any one who has studied phantasy at all extensively will realise the very frequent applicability of this formula. In Chapter III the excellent schema of a typical fear phantasy is set forth:—

Darkness (in which I can do nothing properly, and where I run into things and hurt myself)	} HUMILIATION (my feeling when I am helpless)
Laughter (of adults at my mistakes)	
Jumping at me (I am caught unawares, and cannot know at once what to do)	
Bigness (I am helpless in the presence of big things)	
Discovery (I am sometimes seen doing things, which I did only because I thought I could not be seen)	

At the same time Mr Green seems to have gone rather far in regarding phantasy as reducible to constant types. Discarding the method of Varendonck, he has rather gone to the other extreme.

Some will think that Mr Green is not quite wide enough in assessing the factors which determine the actual content of the daydream. It is obviously true that the daydream fills the gap between aspiration and reality for the dreamer, and for a large range of daydreamers we may take the aspiration and reality as being respectively typical. But this does not cover an important minority of cases in which either the dreamer's aspirations are exaggerated, or the actuality of his situation is abnormal. For instance, the girl's phantasy of becoming a boy is not one that can be recorded merely as a product of a certain stage of development. It is essentially a product of the girl's environment—one in which for some reason the male sex is more highly valued or privileged. Similarly, the phantasies that emerge from physical abnormalities, e.g. gigantism, dwarfism, etc. have little relation to the stage of development. In short, the author tends to slur the compensatory value of the phantasy and regards it more as a normal concomitant.

Mr Green throughout this volume shows himself a confirmed Freudian, but

it is always refreshing to find in his writings the critical recognition of other points of view, notably those of McDougal and Rivers. Freudian literature partakes so much of the closed circle that one welcomes every attempt to reinterpret the concepts of Freud in terms of other psychologists, and in this particular direction Mr Green has, it seems to me, a very valuable contribution to make. It is also refreshing to follow his serious attempt to reinterpret Coué's law of reversed effort. Some of us may doubt whether this particular psychological conception is capable of restatement in any satisfactory way, but that is a different matter. The author's attempt to do so is in itself helpful.

Mr Green lays much emphasis on the different determinants of manifest and latent content. This is very necessary and valuable. One of the best chapters in the book is on the imagination, and contains a field of phantasy that always rewards exploration. The chapter on the group is interesting, but here again one would venture to submit that Mr Green fails to recognise the direct relationship between the phantasy on the one hand, and the discrepancy between aspirations and reality on the other. Aspirations of group emanate essentially from situations in which group adjustment is unduly difficult, and we doubt whether they are as universal as Mr Green takes them to be.

In general the book is one that can be very warmly commended, and is stimulating and illuminating throughout. The reader has the feeling that the author is not writing second-hand opinions, but has studied his subject extensively and conscientiously and set forth the results in a most useful volume.

The book is pleasantly got up. It is commendably free from misprints (though we observe one on p. 14), but we were a little astonished to see the *Psychology of Fantasy* attributed to Jung instead of to Dr Constance Long, who is represented as the Translator.

H. CRICHTON MILLER.

Modern Theories of the Unconscious. By W. L. NORTHRIDGE, M.A., Ph.D., with an introduction by Prof. J. LAIRD, M.A. London: Kegan Paul, Trench, Trubner and Co. Ltd. 1924. Pp. xiii + 194. Price 8s. 6d. net.

Exactly one-half of this little book is devoted to theories of the subconscious, of the subliminal self, and of the unconscious prior to Freud; little new light is thrown upon the relationship between these various theories. It seems a pity that with the scholar's equipment possessed by Mr Northridge he should have contented himself with this sketchy performance; many outlines already exist and yet there is room for a serious and detailed study. If the theories of Leibniz are worth considering at all surely it is a scandal to dismiss him to-day in four pages. His monad theory, the differentiation between monads, beginning with *monades nues* when perceptions are at a minimum, is a dynamical doctrine of mind requiring a full exposition.

Mr Northridge is the first critic, I think, to point out that Myers used the term subliminal with two very different connotations,—“the subliminal as a region of the mind built up in the course of individual experience”; and that ‘profounder faculty’ or ‘soul’ which inhabits a metaetherial environment. The author makes no use of the studies of Schopenhauer, von Hartmann and others that have appeared in the psycho-analytic journals. He omits all reference to Samuel Butler who nearly half a century ago claimed that “all the main

business of life is done thus unconsciously, or semi-consciously" and whose "Way of all Flesh" was only too obviously a study of the unconscious.

Many a tribute is paid to Freud's work; it "has enabled us to understand and explain life to an extent that was not previously possible"; "the originality and uniqueness must in all fairness be conceded."

It does not seem however that the writer is quite at home in the theory (we do not suggest this is a reason for these tributes). Thus in relating on p. 183 a personal fugitive experience and its later return to memory he states that according to Freud the entire experience must in the meantime have been contained in the unconscious; on p. 126 he gives a correct description of the preconscious.

In contrasting Freud's and Jung's methods of dream interpretation he considers Jung's views as more satisfactory than Freud's because "every element in the dream symbolism ought to receive special interpretation since the 'background of the mind' is never the same in any two individuals." Not only is it not the same, in the Freudian view, in any two individuals, but it may not be the same for the same individual on different occasions.

In describing repression the author concludes that it is the affect which is repressed: this is misleading. There is displacement of affect but the 'Freudian wish' is repressed. Take the case of the queer miser, related by Abraham, who went about with his trousers unbuttoned in order that the buttonholes should not wear out too quickly. There was no repression of affect, but of its underlying origin in the miser's anal eroticism; a displacement of affect. Freud pointed out long ago that the affect in a dream is a sure clue to its interpretation: the affect itself had not to be interpreted.

Since this is the best of all possible worlds it is presumably all to the good that every new reader of Freud writes a book explaining where he agrees and where he differs. Occasionally one would like to read something that ventured a fresh explanation; the gaps are so big and so few are engaged in reducing them.

Doris Fitscher on pp. 43, 49 and 54 should be Fischer.

M. D. EDER.

Psychotherapy. By JAMES J. WALSH, M.D., Ph.D., Sc.D. Revised Edition. Pp. xxix+846. New York and London: W. Appleton & Co. 1923. Price 30s. net.

This is not a book that anyone can read through, not so much on account of its bulk, but because it has one theme and one only, and this theme is played over and over again without variation. Nevertheless it is well that some one should have lived who was sufficiently self-disciplined to write it, and while it is probable that no one will ever read it from cover to cover in its entirety, it is a book which all doctors in general practice might possess with advantage: they would find in its pages something to help them in the management of almost all those chronic diseases which give rise to so much despair in the minds of both doctor and patient.

The tune which is played is the tune of hope. Over-solicitude over symptoms makes patients worse, hope makes them better. There is truly nothing more than this in the book, and yet it is worth having. For though one may grasp that general principle and consider it easy to apply, and though most doctors

are well aware that they should employ it constantly in all manner of diseases, few are able to continue to do so over long periods: and when one has exhausted both the pharmacopœia and one's patience, it is cheering to read something of this kind: "The famous case of the Siege of Breda in 1625 is often quoted. The city was about to capitulate because so many of the soldiers were suffering from the disease (scurvy). The Prince of Orange, however, sent word that a new and powerful remedy had been discovered that was sure to cure the affection, and that he had secured some of it, and it would not be long before they would all be well. What he sent was a remedy that had been used with indifferent success for scurvy when taken in large doses. He could send only enough to give a few drops to each patient. This small dose was wonder working in its effect and proved to have the healing virtue of a gallon of the liquor. Most of the patients got better and surrender was put off."

There can be no doubt that in treating organic diseases many doctors take too gloomy a view, and preach fear when they should be preaching hope; they inculcate timidity when valour would be better and are in general more interested in the pathological scheme of damnation than in the therapeutic one of salvation. Consultation on the part of doctors every few months with this volume would prove a valuable corrective; and read in this way, a few pages every few months, the book will last for years.

The book is divided into twenty sections and several appendices. The first few sections deal with the history of psychotherapy, the principles of hope and its opposite, the general principles on which hope may be instilled and so forth. Ten sections deal with the regions of the body and the remainder deal chiefly with the psycho-neuroses. Each section is split into chapters. It may be stated with confidence that by far the strongest part of the book is that dealing with the psychotherapy of organic disease. There is here no quarrel with other kinds of therapy. All the sane physical remedies are upheld. Psychotherapy is extolled as an adjuvant, a most important one, sometimes as the only thing needful; but nowhere is there any scouting of well tried remedies. But the sections dealing with the psycho-neuroses are weak. It is likely enough that for very many of the psycho-neuroses hope is the only thing wanting, but in a large number it cannot be used in the crude way which Dr Walsh suggests. One cannot but feel as one reads the pages devoted to these disorders that for Dr Walsh the psycho-neuroses are merely figments of the patient's imagination. He appears to have no sense of the difference between a normal and a pathological dread; he does not seem to realise that to the patient himself the latter is a ridiculous thing and that it is therefore a work of supererogation to impress upon him that it is absurd. True, at the end of this chapter he does refer to forgotten memories being causal; but this is clearly, in Dr Walsh's mind, not very important, and he does not give a technique for the restoration of these memories. There does not seem any recognition anywhere that psycho-neurotic symptoms have a meaning.

There are some odd contradictions and misunderstandings of which two may be given. Speaking of subconscious obsessions, the author says "in some of these cases hypnosis is necessary" (p. 476). Elsewhere he says "Hypnotism is induced Hysteria. Hypnotism was the greatest medical delusion of the 19th Century" (p. viii).

Here again is a curious sentence: "They (artefact skin lesions) can only be prevented by changing the patient's state of mind, though this is scarcely what is ordinarily thought of in psycho-therapy."

Notwithstanding these criticisms the reader will find many useful hints in these chapters on the psycho-neuroses. The author is full of ingenious methods for overcoming difficulties, and his bland optimistic certainty must have a very reassuring effect on patients.

But it must have been a dreadful book to write.

T. A. Ross.

Clinical Studies in Epilepsy. By DONALD FRASER, M.D. Edinburgh: E. & S. Livingston. Pp. 243. Price 7s. 6d. net.

The author of this little book is a disciple of Hughlings Jackson, who, he claims, has given us the only scientific conception of the nature and mechanism of the epileptic process. He accepts without reservation Jackson's theory of the essential unity of all forms of epilepsy, including focal and idiopathic epilepsy and migraine, and regards the simpler (*i.e.* focal) forms as experiments illustrative of the more obscure (*i.e.* idiopathic). With such an approach to the disease, it is not surprising that he is quite out of sympathy with modern views as to its psychological origin and nature. Pierce Clark's picture of the fit as a regressive phenomenon is quoted to be repudiated. To regard epilepsy as a psychosis is a cardinal error. The psychology of epilepsy is solely the psychology of post-epileptic conditions, *i.e.* the psychical effect of damage done to nerve cells by the fit. This would seem to apply to what are commonly termed psychological equivalents, for the statement of Hughlings Jackson that automatism is always post-epileptic is quoted with approval. Confronted with a case of epilepsy, in which there was an amnesia without apparent relation to the fit, he goes so far as to assert that the amnesia, having a psychogenetic origin, is not epileptic in nature, but adds the rather curious comment that the epilepsy may have predisposed to it!

The author himself is quite convinced that there is a metabolic basis to epilepsy. In focal epilepsy there is a toxin produced in the damaged cerebral cells themselves, in idiopathic epilepsy it may be the expression of defective cerebral metabolism, or possibly general metabolism. Wherever or however produced, the toxin acts on the capillary (not arterial) tone in certain areas of the cortex, and, by exaggerating the normal capillary contraction and dilatation, initiates the fits. In support of this theory he quotes cases of epilepsy with hypopituitarism, where the fits were due to loss of capillary tone associated with defective pituitary secretion, and disappeared when pituitrin was administered. He would also allow reflex irritation to play a secondary part in the causation of epilepsy. Investigations into the maintenance of cerebral capillary tone, and into the nature and origin of the toxins or hormonal defects should lead, in his opinion, to the understanding and rational treatment of epilepsy.

We cannot say that the book is a very convincing one. The psychological aspect of the disease, in particular, demands much fuller treatment. We need not accept the more advanced views of the modern school, but we must recognise the enormous importance of mental factors in the actual causation of the disease in certain cases, and in the determination of fits in very many cases. To say that all the mental phenomena of epilepsy are directly due to the fits is as absurd as to claim that all cases of epilepsy are psychogenetic in origin. The problem is not a simple one, and in the treatment, as well as in the

investigation, of epilepsy, physical and mental factors must be considered together, for they most certainly act and re-act on each other.

The book is loosely written, and it is often difficult to find out exactly what the author means. It contains many words not in ordinary use, such as 'outwith,' 'organon' and 'skilly'; and at times we come across statements that stagger us. Thus on the very last page we find that Dr Fraser endorses Hughlings Jackson's view that the artery of *petit mal* is the anterior cerebral, and the artery of epileptiform attacks (presumably motor focal fits) is the left middle cerebral, and goes on to express his own opinion that the artery of idiopathic epilepsy must be mainly the posterior cerebral, though it would be difficult to exclude some branches of the middle cerebral!

J TYLOR FOX.

NOTES ON RECENT PERIODICALS

Internationale Zeitschrift für Psychoanalyse, Part IV, 1923.

In the first original article of this number Dr Otto Rank endeavours to throw light on the development of the libido during the process of psycho-analytic cure. The paper falls into two sections, in the first of which he discusses the question of 'psychic potency.' He quotes from the cases of four men whom he personally observed and shows that in each a determining influence was exercised upon the subject's psychic potency by the processes of repression and identification. Further, he touches on the part played by the mechanism of identification in the normal sexual life. The second section deals with ideal-formation and object-choice as seen at work during psycho-analysis. Dr Rank shows that the task of analysis is (a) by means of the transference to release the repressed primal libido and (b) to enable the patient to proceed to a fresh object-choice based on new and useful ideals.

Dr Kielholz contributes an article on the genesis and dynamics of the mania for invention. His illustrations are taken from cases of schizophrenia and show that the inventions of these patients (and the same holds good, though less obviously, of all inventors) stand in symbolic relation to their psycho-sexual complexes.

A translation of these two articles will appear in the *International Journal of Psycho-Analysis*.

The third original article is by Dr Felix Deutsch and is entitled *Experimental Studies in Psycho-Analysis*. The writer describes some experiments he made with the intention of illustrating a certain aspect of psycho-analytical theory, namely, the part played by the unconscious in the genesis of organic disease and by various psychic mechanisms in the formation of neuroses which affect bodily organs.

Taking as his starting-point a statement of Freud's to the effect that psycho-analysis is a science for which an organic basis must be established, Dr Deutsch suggests three experimental methods which may assist towards this end: (1) the inducing of organic alterations in the internal secretions and the observation of the effect upon the whole personality of the subject; (2) the analysis of paralytic mental disturbances; (3) the bringing about of psychic alterations and the observation of the organic and psychic results which ensue.

The third method was that undertaken by the writer, in the belief that organic, no less than psychic, symptoms have a meaning and purpose which can be traced to a psychic source and that, if the source be discovered, the meaning will become clear. For the purpose of experiment he employed the method of hypnosis as follows. He suggested a certain experience to the subject in hypnosis and gave the command that in the waking state the experience should be forgotten but the affect belonging to it should be reproduced at a given signal—the exhibiting of a handkerchief by the hypnotist. At the given signal the patients showed uneasiness and in many cases experienced distressing bodily sensations, all of which symptoms disappeared when the handkerchief was put away. The parts of the body chiefly affected were the head, the heart and the intestines. Dr Deutsch points out that some people experience organic sensations when they repress an unconscious phantasy and that these sensations may persist as permanent symptoms. When the affective disturbance passed from uneasiness to marked anxiety, the physical sensations were no longer mentioned. In such cases the anxiety was far greater in the post-hypnotic state than whilst the experience was being suggested in hypnosis. The subjects displayed no signs of neurotic anxiety except at the given signal.

Dr Deutsch was thus artificially setting in motion the familiar mechanism by which in real life the affect belonging to a repressed experience is converted into anxiety. In some cases the patients stated that they felt no anxiety; nevertheless, a change in the heart-beat was registered.

A further stage in the experiment was undertaken when the command was given in hypnosis that the patient should (1) reproduce the affect belonging to the forgotten experience, when the handkerchief was produced and (2) recall the experience, when the handkerchief was dropped. Sometimes the experience was recalled calmly and the affect, having been abreacted, did not reappear when the handkerchief was shown again. In other cases, where powerful infantile complexes were brought into play, the affect continued to reappear as often as the handkerchief was shown. Dr Deutsch drew the conclusion that, in general, this indicated that a certain amount of repression remained. Sometimes bit by bit the memory connected with the complex was finally recalled in full. He points out that in just the same way the symptoms of a neurotic patient remain unchanged if he is told in the first analytic hour that they are due *e.g.* to the Oedipus complex, for the repressed material, together with the affect belonging to it, have not been brought into consciousness by recollection and free association.

This number contains several short communications. In the first of these Dr Felix Boehm records observations he has made on the phenomenon of 'transvestitism,' *i.e.* the impulse to assume different clothes, for example, for men to wear feminine dress. In the male cases which the writer observed the subjects were found to have a strong masochistic tendency combined with latent homosexuality. He traced the masochistic phantasies and activities of these men to the anal-sadistic phase, in which the Oedipus and castration complexes play a large part. In the female disguise the man was not only himself but (by identification) the mother and was thus enabled to gratify at one and the same time his sadistic and masochistic tendencies.

Paul Schilder records a case in which at times the patient lost the consciousness of his own personality. He alleged that this first occurred when, as a child, he witnessed parental coitus. The writer regards the symptom as indicating a powerful repudiation of the rôle of spectator.

Dr Hitschmann has noted that when persons who were accustomed to sleep together as children find themselves in the same situation in later years there is a ready regression in their dreams to infantile complexes. He suggests that an experiment of this sort might form part of an 'active' therapy, as a means of facilitating the bringing to light of repressed material.

Ludwig Binswanger discusses at length the 'Psychodiagnostik' of the late Hermann Rorschach, who introduced an experiment in which the subject was required to 'interpret' the shapes of ink-smudges which the experimenter displayed to him. The writer says that this experiment, undertaken at first in play, became in Rorschach's hands a highly subtle scientific instrument and threw light on many secrets of personality.

The number contains various critical notes and reviews, an account of the International Psychological Congress held at Oxford in July 1923 and of the Italian Psychological Congress, held in Florence last October. It also contains reports from the different Societies belonging to the International Psycho-Analytical Association.

CECIL BAINES.

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